

Florida Home Education Annual Evaluation Form

Student's Full Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Street Address: _____

City, State, Zip: _____

Evaluation Options

- Option 1 – Portfolio Evaluation/Student Conference
- Option 2 – Nationally Normed Test
- Option 3 – State Assessment Test (FCAT)
- Option 4 – Psychological Evaluation
- Option 5 – Other Measurement Tool Mutually Agreed Upon by Superintendent & Parent

Have the following completed by your evaluator.

On _____, I, _____,
DATE TEACHER NAME

a Florida Certified Teacher, evaluated the above named student in accordance with ss.1002.41, and I find that s/he has demonstrated progress at a level commensurate with his/her ability and is ready to continue instruction at the next level.

Teacher/Evaluator Name: _____

Certificate Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Keep a copy for your records and mail to your school district.