## Home Education Annual Evaluation Form



Student's Name (PLEASE PRINT)	Date of Birth	Current grade
Please select <i>one</i> of the follo	owing options:	
1. Upon review of the	he portfolio and discussion with the pupil	named above <u>or</u>
2. Upon a review of	the standardized test taken by the pupil n	amed above
3. The student has <u>n</u> ability.	not demonstrated progress at a level comm	nensurate with his/her
ability. Florida Statute require	ned above has demonstrated progress at a levels that I hold a valid regular Florida certificate evel. My signature below attests to my qualified	e to teach <b>academic subjects</b> a
<b>ONLY</b> if the student's demons	trated progress is <b>not</b> commensurate with his	her ability should a copy of
	ort (if applicable), and a comprehensive writte	
Certified Teacher/Evaluator (PLEASE PRINT)	Phone No or email	**Date of Evaluation** (REQUIRED)
Certified Teacher/Evaluator (SIGNATURE)	Certification Number	Certification Expiration
Parent(s)/ Legal Guardian(s) (PLEASE PRINT)	) Name	
Student's/Parent/Guardian's (PLEASE PRINT)	s Complete Address	
Return completed form to:	Home Education ESF – Pod 4 2700 Judge Fran Jamieson Way Viera, FL 32940-6699	

We do not accept faxed or emailed copies of any forms or requests.