

HOME EDUCATION EVALUATION
BY FLORIDA CERTIFIED TEACHER

Student Last Name, First, Middle _____ Parent Name _____

Student Street Address _____ City _____ State/Zip _____

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Student Telephone # _____ Student DOB _____ Student Age _____ Grade/Developmental Level _____

CHECK APPROPRIATE RESPONSE

<u>Yes</u>	<u>No</u>	
___	___	1. I have examined the student's educational portfolio and interviewed the student and found the program to be adequate for a school year.
___	___	2. The student's work in the portfolio is acceptable.
___	___	3. The student is making satisfactory progress commensurate with the student's ability level.

SUMMARY OF EVALUATOR'S FINDINGS

Brief Description of Instructional Program as Evidenced by the Portfolio: _____

Brief Description of Student's Progress During the Current Year: _____

Brief Description of the Student's Future Educational Needs: _____

Evaluator's Signature _____ Date _____

Evaluator's Name (Printed) _____ ()
Evaluator's Telephone # _____

Evaluator's Street Address _____ City _____ State/Zip _____

Florida Teaching Certificate Number _____ Validity Period _____

Please submit to:
District School Board of Pasco County
7227 Land O'Lakes Blvd.
Land O'Lakes, FL 34638
Attn: Student Services/Home Education