



**ST. LUCIE PUBLIC SCHOOLS  
HOME EDUCATION PROGRAM**

**ANNUAL EVALUATION**

Section 1002 01, F.S. defines home education as the sequentially progressive instruction of a student directed by his or her parent or guardian, to satisfy the attendance requirements of ss. 1002.41, 1003.01(13), and 1003.21(1). A student in a home education setting must be evaluated once a year to demonstrate educational progress at a level equivalent to his or her abilities. NOTE: If a home education student enrolls in a public school within the St. Lucie Public Schools, grade placement and credits will be determined by school administrator(s) per district policies. The student's curriculum, portfolio and evaluation may be reviewed at the school prior to placement or credit decisions.

**DIRECTIONS:** Sections I and II below are to be completed by a certified teacher, licensed psychologist or accredited correspondence school. It may be submitted on office letterhead.

The Annual Evaluation is due no later than the anniversary of a student's registration date in home education.

STUDENT NAME	Date of Birth	Sex	Grade	STUDENT ID # (OFFICE USE ONLY)

Printed Parent/Guardian Name: \_\_\_\_\_  
Relationship to Student                      First Name                      Last Name

Address: \_\_\_\_\_  
Street    City    State    Zip Code

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature Authorize Release of Information: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION I                      Date of Evaluation:** \_\_\_\_\_

This annual evaluation utilized the student's:

**Portfolio**    or     **Test results** (results must be attached)

I find the student:

**Has**                      or                       **Has NOT** demonstrated progress at the level commensurate with his/her ability.

**SECTION II                      Complete section A, B or C as appropriate:**

**A. FLORIDA CERTIFIED TEACHER NAME:** \_\_\_\_\_

**CURRENT FLORIDA CERTIFICATE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

I am the holder of a valid regular Florida Certificate to teach academic subjects at elementary/middle/secondary level:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**B. LICENSED PSYCHOLOGIST NAME:** \_\_\_\_\_

**CURRENT FLORIDA LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

I am the holder of a valid regular Florida License in psychology:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**C. ACCREDITED CORRESPONDENCE SCHOOL:** \_\_\_\_\_

**ACCREDITING AGENCY:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_

Correspondence School Designee: Print Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Annual Evaluation may be mailed/faxed/mailed to:**

**St. Lucie Public Schools  
Student Assignment Office  
Attn: Home Education Dept.  
9461 Brandywine Lane  
Pt. St. Lucie, FL 34986  
FAX: 772-429-3931 OFFICE: 772-429-3930  
Student.assignment@stlucieschools.org**