

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/emailed to:

St. Lucie Public Schools
 Student Assignment Office
 Attn: Home Education Dept.
 501 NW University Blvd. #111
 Port St. Lucie, FL 34986
 FAX: 772-429-3931 OFFICE: 772-429-3930
 Student.assignment@stlucieschools.org