HOME EDUCATION EVALUATION
BY FLORIDA CERTIFIED TEACHER

_____ _____
Student Last Name, First, Middle Parent Name

_____
Student Street Address City State/Zip

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

CHECK APPROPRIATE RESPONSE

Yes	No	
___	___	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