

Home Education Annual Evaluation

Student:

First Name: _____ Last Name: _____

Street Address _____

City, State, ZIP: _____

Date of Birth: _____

Parent/Guardian:

First Name: _____ Last Name: _____

On _____ I, _____,
DATE TEACHER NAME

a Florida Certified Teacher, evaluated the above named student in accordance with ss. 1002.41, and I find that s/he has demonstrated progress at a level commensurate with his/her ability and is ready to continue instruction at the next level.

Teacher/Evaluator:

Name: _____

Certificate Number: _____ Expiration Date _____:

Signature: _____ Date: _____

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Keep a copy for your records and mail to your school district.