

GULF DISTRICT SCHOOLS

HOME EDUCATION ANNUAL EVALUATION – DISTRICT FILE

School Year: _____

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

Parent/Guardian: _____

Date Home Education Program Established: _____

ANNUAL EVALUATION

Pursuant to section 1002.41, Florida Statutes, the parent/guardian must provide an annual educational evaluation documenting the student's educational progress at a level commensurate with the student's ability.

Date Annual Evaluation Received: _____

EVALUATION METHODS

 Please select one of the following:

_____ **Florida-certified teacher evaluation of educational progress**

Teacher Signature: _____

Florida Certification Number: _____

Certification Expiration Date: _____

_____ **Nationally normed student achievement test**

_____ **Statewide student assessment**

_____ **Psychological evaluation by an appropriately licensed individual**

_____ **Other valid measurement tool mutually agreed upon by the parent and District Superintendent**

DISTRICT OFFICE USE ONLY

_____ **Satisfactory Educational** Progress is commensurate with the student's ability.

_____ **Educational Progress Not Demonstrated** — Follow-up required under section 1002.41, F.S.

_____ Annual evaluation received and reviewed

_____ Annual evaluation requirement satisfied for the school year indicated above

_____ Additional documentation/follow-up required

District Designee: _____ Signature: _____

_____ Date: _____ Comments/Notes: _____

DISTRICT RECORD: Retain this form with the student's Home Education records. Maintain supporting annual evaluation documentation in accordance with District recordkeeping procedures.