



Home Education Evaluation Form



Student name _____

Date of Birth _____

Current Address _____

Phone _____

Check here if this is a change of address or change of phone number.

I attest that the following information is accurate and representative of my child's progress.

Parent Signature _____

Date signed _____

Parent Name (please print) _____

Please check the option below which satisfies the annual evaluation required in Florida Statute 1002.41(1) c:

1	A Florida certified teacher chosen by the parent/guardian may evaluate the child's progress based on the review of the portfolio and discussion with the student. As defined in Section 1002.41, F.S., a teacher who evaluates a home education student must hold current certification in academic subjects at the elementary or secondary level in the state of Florida. Upon review of the portfolio and discussion with the student named, I have found this student ___has ___has not demonstrated progress at a level commensurate with his/her ability. _____ Signature of FL Certified Teacher/Evaluator Name of Teacher/Evaluator (Please Print) FL Certification Number _____ Date Evaluation Completed Teacher/Evaluator Phone Certificate Expiration
2	The results of any nationally normed student achievement test administered by a certified teacher within the last year. Attach test results. _____ Signature of FL Certified Teacher/Evaluator Name of Teacher/Evaluator (Please Print) FL Certification Number _____ Date(s) Test Was Administered Teacher/Evaluator Phone Certificate Expiration
3	The results of a state student assessment test used by the school district and administered by a certified teacher, at a location and under testing conditions approved by the school district. Attach test results.
4	The student may be evaluated by a psychologist holding a valid, active license pursuant to the provisions of Section 490.003 (7) or (8), F.S. I find the student named ___has ___has not demonstrated progress at a level commensurate with his/her ability. _____ Signature of Psychologist Name of Psychologist (Please Print) FL License Number _____ Date Evaluation Completed Psychologist Phone License Expiration
5	Record of grades from Hillsborough Virtual School/Florida Virtual School. PLEASE NOTE: If using HVS/FLVS or other virtual school for evaluation method, grades must include a full year of English/language arts and math.

It is assumed you will continue to home educate your child. If this is not the case, please enclose a written notice of termination as required by F.S. 1002.41. You may visit our website for a Letter of Termination form at <https://www.hillsboroughschools.org/Domain/3173>.

Return Form to:

Home Education Office
2704 N. Highland Ave., Room 309
Tampa, Florida 33602
FAX (813)609-6825

Email: home.education@hcps.net