Home Education Annual Evaluation Form

Brevard Public Schools
THE FUTURE OF FLORIDA'S SPACE COAST

Student's Name (PLEASE PRINT) | Date of Birth | Current grade

Please select ***one*** of the following options:

_____ 1. Upon review of the portfolio and discussion with the pupil named above **or**

_____2. Upon a review of the standardized test taken by the pupil named above

_____3. The student has **not** demonstrated progress at a level commensurate with his/her ability.

I have found that the pupil named above has demonstrated progress at a level commensurate with his/her ability. Florida Statute requires that I hold a valid regular Florida certificate to teach **academic subjects** at the elementary or secondary level. My signature below attests to my qualification and the student's progress.

ONLY if the student's demonstrated progress *is* ***not*** commensurate with his/her ability should a copy of your certificate, test score report (if applicable), and a comprehensive written evaluation be enclosed.

Certified Teacher/Evaluator (PLEASE PRINT) | Phone No or email | **Date of Evaluation** **(REQUIRED)

Certified Teacher/Evaluator (SIGNATURE) | Certification Number | Certification Expiration

Parent(s)/ Legal Guardian(s) Name (PLEASE PRINT)

Student's/Parent/Guardian's Complete Address (PLEASE PRINT)

Return completed form to: Home Education
ESF – Pod 4
2700 Judge Fran Jamieson Way
Viera, FL 32940-6699

*We do **not** accept faxed or emailed copies of any forms or requests.*