

**HOME EDUCATION PROGRAM  
ANNUAL EVALUATION  
ESCAMBIA COUNTY PUBLIC SCHOOL  
Office of Enrollment Services**



Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent's/Guardian's Name(s): \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  My address and/or contact information has changed.

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

\_\_\_\_\_  
 Parent/Guardian Signature Date Signed

**Complete the section below which satisfies the annual evaluation required in Florida Statute 1002.41(1)c:**

**Option 1- Portfolio Evaluation-** A Florida certified teacher chosen by the parent/guardian may evaluate a student's progress based on the review of the portfolio and discussion with the student. Per Section 1002.41 F.S.: The teacher evaluator 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 above named student, I have found this student \_\_\_ has/ \_\_\_ has NOT demonstrated progress at a level commensurate with his/her ability.**

Signature of FL Certified Teacher	Name of Evaluator (Please print)	FI Certification Number/ Expiration Date
Date Evaluation Completed	Evaluator's Phone #	Evaluator's Email Address

**Option 2- Nationally Normed Student Achievement Test-** administered by a certified teacher within the last year- **Attach test results.**

Signature of Certified Teacher	Name of Evaluator (Please print)	Certification Number/ Expiration Date
Date Evaluation Completed	Evaluator's Phone #	Evaluator's Email Address

**Option 3- State assessment test(s)-** Florida Standards Assessments (FSA) or End of Course Exams (EOC) administered by a certified teacher, at a location and under testing conditions approved by the district. Reach out to the Office of Enrollment Services to sign up for testing and to get results. **Attach test results.**

**Option 4- Psychological Evaluation-** 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 this student \_\_\_ has/ \_\_\_ has NOT demonstrated progress at a level commensurate with his/her ability.**

Signature of Psychologist	Name of Psychologist (Please print)	FI License Number/ Expiration Date
Date Evaluation Completed	Evaluator's Phone #	Evaluator's Email Address

Please return this form, along with a copy of any evaluation or test results to the Office of Enrollment address listed below. This information is due on the anniversary date of your home education program.

**REMINDER TO PARENTS:**

If you are not planning to continue to home school for the next school term, you are required by statute to submit a Notification of Termination of Home Education Program. If a notice is not received, the student will remain active and an annual evaluation will be required.

**This completed form may be: Mailed: 30 E Texar Drive Pensacola, FL 32505 Emailed: homeschool@ecsdf.us**