THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Home Education Annual Evaluation

Directions: Sections I and II are to be completed by a State of Florida certified teacher or licensed psychologist. The Annual Evaluation is due no later than each anniversary of a student's registration date (as specified in F.S.1002.41).

Return original to: The School Board of Broward County, Home Education Office, Lauderdale Manors Early Learning & Family Resource Center, 1400 NW 14th Court, Fort Lauderdale, FL 33311

Please Print:

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH	REGISTRATION DATE
STUDENT ADDRESS (STREET, APT. #, CITY, STATE, ZIP CODE)		TELEPHONE (HOME/CELL)
PARENT/GUARDIAN NAME (LAST, FIRST)	EMAIL ADDRESS	

SECTION I

Upon review of this student's ☐ **portfolio** and/or ☐ **test results** (You may include a copy),

I find that she/he ☐ **has** ☐ **has not** demonstrated progress at a level commensurate with his or her ability

and ☐ **is** ☐ **is not** ready to continue instruction at the next level.

SECTION II (Complete section A or B below, as appropriate)

A. Florida Certified Teacher

Date(s) of Evaluation _____

NAME OF TEACHER (PRINT)	CURRENT CERTIFICATE NUMBER	DATE OF EXPIRATION

I am the holder of a valid regular Florida Certificate to teach academic subjects at the elementary or secondary level.

_____ _____ _____

SIGNATURE OF TEACHER | DATE | TELEPHONE (optional)

B. Florida Licensed Psychologist

Date(s) of Evaluation _____

NAME OF LICENCED PSYCHOLOGIST (PRINT)	CURRENT FLORIDA LICENSE NUMBER	DATE OF EXPIRATION

I am the holder of valid regular Florida License in psychology.

_____ _____ _____

SIGNATURE OF PSYCHOLOGIST | DATE | TELEPHONE (optional)