



ST. LUCIE PUBLIC SCHOOLS HOME EDUCATION PROGRAM

ANNUAL EVALUATION

Section 1002 01, F.S. defines home education as the sequentially progressive instruction of a student directed by his or her parent or guardian, to satisfy the attendance requirements of ss. 1002.41, 1003.01(13), and 1003.21(1).

DIRECTIONS: Sections I and II below are to be completed by a certified teacher, licensed psychologist or accredited correspondence school. It may be submitted on office letterhead. The Annual Evaluation is due no later than the anniversary of a student's registration date in home education.

Table with 5 columns: STUDENT NAME, Date of Birth, Sex, Grade, STUDENT ID # (OFFICE USE ONLY)

Printed Parent/Guardian Name: Relationship to Student, First Name, Last Name

Address: Street, City, State, Zip Code

Telephone #: Email address:

Signature Authorize Release of Information: Date:

SECTION I Date of Evaluation:

This annual evaluation utilized the student's: Portfolio or Test results (results must be attached) I find the student: Has or Has NOT demonstrated progress at the level commensurate with his/her ability.

SECTION II Complete section A, B or C as appropriate:

A. FLORIDA CERTIFIED TEACHER NAME: CURRENT FLORIDA CERFITICATE NUMBER: EXPIRATION DATE:

I am the holder of a valid regular Florida Certificate to teach academic subjects at elementary/middle/secondary level: Signature: Date: Telephone:

B. LICENSED PSYCHOLOGIST NAME: CURRENT FLORIDA LICENSE NUMBER: EXPIRATION DATE:

I am the holder of a valid regular Florida License in psychology: Signature: Date: Telephone:

C. ACCREDITED CORRESPONDENCE SCHOOL: ACCREDITING AGENCY: EXPIRES:

Correspondence School Designee: Print Name Signature: Date: Telephone:

Annual Evaluation may be mailed/faxed/mailed to:

St. Lucie Public Schools Student Assignment Office Attn: Home Education Dept. 9461 Brandywine Lane Pt. St. Lucie, FL 34986 FAX: 772-429-3931 OFFICE: 772-429-3930 Student.assignment@stlucieschools.org

Martin County School District  
**Student Services Department**  
1050 SE 10<sup>th</sup> Street, Stuart, FL 34996  
772-223-3105 ext. 295  
772-223-2592 (Fax)

Home Education Program  
**EVALUATION**

[rosarim@martin.k12.fl.us](mailto:rosarim@martin.k12.fl.us)

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Martin County Student ID Number

Today's Date

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Student Name

Date of Birth

Phone Number

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Student Address

City

State

Zip

We intend to home school this student next school year:   **Yes**\_\_\_\_\_   **No**\_\_\_\_\_

\*If no, we ask that you please submit a Letter of Termination of the Home Education Program.

Upon review of the portfolio and discussion with this student and/or upon review of the results of the test listed:

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I find that this student ( **has /has not** ) demonstrated progress at a level commensurate with his/her ability.  
And ( **is /is not** ) ready to continue instruction at the next level. (Please circle choices)

This evaluation took place on this date: \_\_\_\_\_

Additional recommendations:

- Probation status one (1) year (achievement/progress is not commensurate with ability)
- Student progress unsatisfactory for two (2) years (student must be enrolled in a public/private school)

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Teacher/Evaluator's Name (Please print)

Teacher/Evaluator's (Signature)

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\*Florida Certificate Number (Please attach copy of certificate)

Florida Certificate Expiration Date

**Note:** Home Education students enrolling in district schools will be placed in grade according to Martin County School Board Rule, 5410, Student Progression Plan. In addition, Home Education students enrolling in a district high school must have all coursework validated, by any of several means, according to district policies including SBR 5410.



# School District of Okeechobee County

863-462-5000

700 S.W. Second Avenue  
Okeechobee, Florida 34974

Fax 863-462-5151

**Chairperson**  
Amanda Riedel  
**Vice Chairperson**  
Melisa Jahner  
**Members**  
Joe Arnold  
Jill Holcomb  
Malissa Morgan

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## Florida Home Education Annual Evaluation Form

Date: \_\_\_\_\_

Students Full Name: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Students Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Additional Comments:

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Upon reviewing and evaluating the above named Student, I find that he/she has demonstrated progress at a level commensurate with his/her ability and is ready to continue instruction at the next level.

Signature of Certified Teacher: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Florida Certification Number: \_\_\_\_\_

Date Certification Expires: \_\_\_\_\_