



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 14<sup>th</sup> 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)