



Miami-Dade County Public Schools

Home Education Annual Evaluation

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

Return to: Florida Home Education Program, Attendance Services, 489 East Drive, Miami Springs, Florida 33166, Attention: Registrar

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH	REGISTRATION DATE
STUDENT ADDRESS (STREET, APT. #, CITY, STATE, ZIP CODE)		TELEPHONE
		Home: Cell:
PARENT NAME (LAST, FIRST)	EMAIL ADDRESS	

SECTION I

Upon review of this student's ☐ portfolio and/or ☐ test results, I find that he/she ☐ 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 FLORIDA 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 LICENSED PSYCHOLOGIST (PRINT)	CURRENT FLORIDA LICENSE NUMBER	DATE OF EXPIRATION

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

SIGNATURE OF PSYCHOLOGIST

DATE

TELEPHONE (optional)