

# Home Education Program Evaluation

School Board of Polk County  
Home Education Office - Dwight Smith Center  
900 Lowry Avenue | Lakeland, Florida 33801  
(863) 665-4538 | Fax: (863) 665-5272  
[Home.Education@polk-fl.net](mailto:Home.Education@polk-fl.net)



(please print or type)

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Check the option which satisfies the annual evaluation required in Section 1002.41(1)(c).

- 1. Portfolio evaluated by Florida certified teacher (complete evaluation below).
- 2. Results of nationally normed achievement test taken by student and administered by certified teacher (attach results).
- 3. Results of state student assessment test taken by student (attach results).
- 4. Student evaluation by an individual holding a valid active license in psychology (attach results).
- 5. Superintendent/parent agreement for other valid measurements; e.g., PSAT, SAT, or ACT scores, grades earned through dual enrollment at community college, classes taken at public schools, accredited private or online schools (attach results).

Please fax, email or mail this form, along with a copy of any evaluation or test results to the School Board.  
**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's file will remain active and an annual evaluation will be required.

## HOME EDUCATION WRITTEN EVALUATION FORM

- Based upon a portfolio review and discussion with the student named above, I have found that the student has demonstrated progress at the level commensurate with his/her ability and is ready to be promoted to the next level.
- Based upon a portfolio review and discussion with the student named above, I have found that the student **has not** demonstrated progress at the level commensurate with his/her ability and **is not** ready to be promoted to the next level.

Evaluation Date: \_\_\_\_\_ Signature of Florida Certified Teacher: \_\_\_\_\_

Florida Certificate Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

## To be completed by the School Board of Polk County

Rec'd SBPC: \_\_\_\_\_ Notify Parent: \_\_\_\_\_ Notify School: \_\_\_\_\_ Database: \_\_\_\_\_ Scanned: \_\_\_\_\_

Revised 7/20/20