

Home Education Annual Evaluation Form

Date: _____

To: Director of Student Services, Instruction & Curriculum

Re: **Written Evaluation Form**

Upon review of the portfolio and discussion with the pupil named below, I have found that the pupil has demonstrated progress at a level commensurate with his/her ability and is ready to be promoted to the next level.

Certified Teacher Information:

Date of Evaluation by Certified Teacher: _____

Name of Florida Certified Teacher/Evaluator (**Print**): _____

Signature of Florida Certified Teacher/Evaluator: _____

Certification Number: _____

Date of Expiration: _____

Please Print:

Pupil's Name: _____

Pupil's Birth Date: _____

Pupil's Address: _____

Parent's Name (**Print**): _____

Signature of Parent: _____

**(PLEASE RETURN A COPY TO
LIBERTY COUNTY SCHOOL BOARD
ATTN: M. FOWLER OR T. PULLAM,
11051 NW SR 20, BRISTOL, FL, 32321)**