

THE SCHOOL DISTRICT OF LEE COUNTY

**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, in order to satisfy the requirement for compulsory education. A student in a home education setting must be evaluated once a year to demonstrate educational progress at a level equivalent to his or her abilities. **NOTE:** If a home education student enrolls in a public school within the School District of Lee County, grade placement and credits will be determined by school administrator(s) according to district policies. The student's curriculum, portfolio and evaluation may be reviewed at the school prior to placement or credit decisions.

**DIRECTIONS:** Sections I and II below are to be completed by a certified teacher or licensed psychologist. **The Annual Evaluation is due no later than the anniversary of a student's registration date in home education. \*Fields are optional.**

NAME OF CHILD	DATE OF BIRTH	*GRADE LEVEL	*MALE/ FEMALE	*STUDENT ID

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*EMAIL \_\_\_\_\_ \*TELEPHONE \_\_\_\_\_

**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** \_\_\_\_\_

**CURRENT FLORIDA LICENSE NUMBER** \_\_\_\_\_

**DATE OF LICENSE EXPIRATION** \_\_\_\_\_

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

(signature) \_\_\_\_\_ (date) \_\_\_\_\_

**B. LICENSED PSYCHOLOGIST** \_\_\_\_\_

**CURRENT FLORIDA LICENSE NUMBER** \_\_\_\_\_

**DATE OF LICENSE EXPIRATION** \_\_\_\_\_

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

(signature) \_\_\_\_\_ (date) \_\_\_\_\_

**C. ACCREDITED CORRESPONDENCE SCHOOL** \_\_\_\_\_

**ACCREDITING AGENCY** \_\_\_\_\_

**DATE OF ACCREDITATION EXPIRES** \_\_\_\_\_

*Correspondence school designee:*

(signature) \_\_\_\_\_ (date) \_\_\_\_\_

**Annual Evaluation must be mailed/faxed/mailed to the Home Education Department:**

2855 Colonial Blvd, Fort Myers, FL 33966

FAX: 239-461-8451

HomeSchool@leeschools.net