

WRITTEN EVALUATION FORM

(Due on the anniversary date of your home education program)

Upon review of the portfolio for the school year 20__ to 20__ and discussion with the pupil named below, I have found that the pupil has demonstrated progress at a level commensurate with his/her ability.

Signature of Florida Certified Teacher / Evaluator

Certification Number

Pupil's Name: _____

Pupil's Address:

Pupil's Parent(s) or Guardian(s):

Deliver this form to:

Escambia County Residents:

School Choice Office
30 E. Texar Drive
Pensacola, Florida 32503
(850) 469-5582

Santa Rosa County Residents:

Director, Home Education Program
Santa Rosa County School Board
5086 Canal Street
Milton, FL 32570
(850) 983-5065