WFHESL Evaluator Statement of Conduct Form

We would like to thank you for taking the time to fill out our form. We deeply appreciate your willingness to serve our home school community by providing annual evaluation services. It is our goal to connect home school families with state certified evaluators who provide knowledgeable guidance and maintain a good working relationship with the local school system .

In answering the following questions families will be able to know if you are the best fit for their family.

1.	How many years have you been evaluating home school students?
2.	What is your preferred age group or grades to evaluate, if any?
3.	What is your fee per student or maximum fee per families, if different?
th A lia	FHESL has worked hard to gain and maintain a positive working relationship with e Office of School Choice in Escambia County and the Continuous Improvement & Iternative Education Office in Santa Rosa County. As an evaluator, who acts as a asson between WFHESL and these offices, it is our expectation that you will conduct our evaluations in a positive and professional manner. (Please contact a WFHESL Board ember if you need clarification of this statement.)
	Ty signature below indicates that I have read the WFHESL Statement of Conduct and ill abide by it in order to maintain my status as a recommended evaluator.
 Sig	gnature of Evaluator Date

Please attach a copy of your current State of Florida Teachers Certificate.

