



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
VIRTUAL AND HOME EDUCATIONAL SERVICES

Home Education Annual Evaluation

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 each anniversary of a student's registration date in home education.

Return to: **EMAIL** homeed@palmbeachschools.org, **FAX** 561-434-8447, or **MAIL** The School District of Palm Beach County, Home Education Office, 3308 Forest Hill Boulevard, Suite C-124, West Palm Beach, FL 33406-5813, 561-434-8052

If a home education student enrolls in a public school within the School District of Palm Beach County, grade placement and credits will be determined by the school administrator(s) according to district policies. The student's curriculum, portfolio, and evaluations may be reviewed at the school prior to placement or credit decisions.

STUDENT NAME (first, middle initial, last)		DATE OF BIRTH	PARENT/GUARDIAN NAME (first, last)	
STUDENT ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE

Student grade level, gender and race/ethnic origin information is optional.

STUDENT GRADE LEVEL	STUDENT GENDER	RACE/ETHNIC ORIGIN	<input type="checkbox"/> A - Asian/Pacific Islander	<input type="checkbox"/> B - Black Non-Hispanic	<input type="checkbox"/> H - Hispanic
		<input type="checkbox"/> I - American Indian/Alaskan Native	<input type="checkbox"/> M - Multiracial	<input type="checkbox"/> W - White Non-Hispanic	

SECTION I - Check ALL boxes that apply

Upon review of this student's portfolio and/or test results, I find that she/he has has not demonstrated progress at a level commensurate with his or her ability and is is not ready to continue instruction at the next level.

SECTION II

Complete section A, B, or C below, as appropriate:

A. Florida Certified Teacher

Date(s) of evaluation _____

NAME OF TEACHER (print)	CURRENT CERTIFICATE NUMBER	DATE OF EXPIRATION
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I am the holder of a valid regular Florida Certificate to teach academic subjects at the elementary or secondary level.

SIGNATURE OF TEACHER

DATE

TELEPHONE (optional)

B. Licensed Psychologist

Date(s) of evaluation _____

NAME OF LICENSED PSYCHOLOGIST (print)	CURRENT FLORIDA LICENSE NUMBER	DATE OF EXPIRATION
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I am the holder of a valid regular Florida License in psychology.

SIGNATURE OF PSYCHOLOGIST

DATE

TELEPHONE (optional)

C. Accredited Correspondence School (attach documentation of student progress on school stationery)

NAME OF CORRESPONDENCE SCHOOL	ACCREDITING AGENCY	DATE ACCREDITATION EXPIRES
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SIGNATURE OF CORRESPONDENCE SCHOOL DESIGNEE

DATE

TELEPHONE