

Brevard County Public Schools
HOME EDUCATION
WRITTEN EVALUATION FORM



Student's Name (PLEASE PRINT)	Date of Birth	Current Grade
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Please select *one* of the following options:

- _____ 1. Upon review of the portfolio and discussion with the pupil named below **or**
- _____ 2. Upon a review of the standardized test taken by the pupil named below,

I have found that the pupil named below has demonstrated progress at a level commensurate with his/her ability. Florida Statute requires that I hold a valid regular Florida certificate to teach **academic subjects** at the elementary or secondary level. My signature below attests to my qualification.

ONLY if the student's demonstrated progress *is not* commensurate with his/her ability should a copy of your certificate, test score report (if applicable), and a comprehensive written evaluation be enclosed.

Signature of Florida Certified Teacher/Evaluator (BLUE Ink) (REQUIRED)	***Date of Evaluation***
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Teacher/Evaluator (PLEASE PRINT)	Certification Number	Date of Certification Expiration
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Parent(s)/ Legal Guardian(s) Name
(PLEASE PRINT)

Student's/Parent/Guardian's Complete Address
(PLEASE PRINT)

We do not accept faxed or email copies of any form.

Return completed form to the following: Melinda Maynard
Office of Student Services/Home Education – E.S.F.
2700 Judge Fran Jamieson Way
Viera, FL 32940-6699

Revised by Home Education 4/12/13
For 2013/2014 School Year