

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

dawnmro@leeschools.net