



THE SCHOOL DISTRICT OF PALM BEACH COUNTY 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** (see below) in home education.

Return to: The School District of Palm Beach County, Home Education Office, 3308 Forest Hill Boulevard, Suite C-141, West Palm Beach, FL 33406-5813, (561) 434-8052, FAX (561) 434-8447.

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 <i>(last, first, middle initial)</i>	DATE OF BIRTH	PARENT/GUARDIAN NAME <i>(last, first)</i>	REGISTRATION DATE
STUDENT ADDRESS <i>(street, apt. no., city, state, zip code)</i>			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

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: **FCAT scores are attached**

A. Florida Certified Teacher

Date(s) of evaluation _____

NAME OF TEACHER <i>(print)</i>	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.

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SIGNATURE OF TEACHER *DATE* *TELEPHONE (optional)*

B. Licensed Psychologist

Date(s) of evaluation _____

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

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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*



THE SCHOOL DISTRICT
OF PALM BEACH COUNTY, FLORIDA

HOME EDUCATION OFFICE
3308 FOREST HILL BOULEVARD; SUITE C-141
WEST PALM BEACH, FL 33406-5869
(561) 434-8052; FAX: (561) 434-8447

E. WAYNE GENT
SUPERINTENDENT

BETH GILLESPIE
PROGRAM PLANNER

Dear Parent/Guardian,

The enclosed Home Education Annual Evaluation form is for each student in your Home Education Program for the current school year. This form, provided for your convenience, is appropriate for all students whether or not standardized tests are administered. Please update information (e.g., address) on the evaluation form if it is incorrect.

The Annual Evaluation is due no later than each anniversary of a student's registration date in home education (refer to the registration date on the Home Education Annual Evaluation form, PBSB 1407).

In order to comply with section 1002.41, Florida Statutes, annual evaluations shall consist of one of the following:

- A Florida certified teacher chosen by the parent/guardian shall evaluate the child's progress based on the review of the portfolio and discussion with the student; or
- The student shall take a nationally normed student achievement test administered by a certified teacher; or
- The student shall take a state student assessment test (e.g., FCAT) used by the school district and administered by a certified teacher, at a location and under testing conditions approved by the school district; or
- The student shall be evaluated by a psychologist holding a valid, active license pursuant to the provisions of 490.003(7) or (8) F.S.; or
- The student shall be evaluated with any other valid measurement tool (e.g., official transcript from an accredited program) as mutually agreed upon by the school superintendent of the district in which the student resides and the student's parent/guardian.

The evaluation form is to be completed by a certified teacher, licensed psychologist, or correspondence school designee. Please attach a copy of the teacher's certificate, psychologist's license, or correspondence school documentation to the evaluation form. We suggest that you keep a copy of all evaluation information for your records.

If your child took the **FCAT**, please note this in Section A of the evaluation form and attach the scores. If your child is no longer a home education student, please notify our office in writing, of this and the school of enrollment, as soon as possible.

Please send this information to:

School District of Palm Beach County
Home Education Office
3308 Forest Hill Boulevard, Suite C-141
West Palm Beach, FL 33406-5813

If you have questions or need assistance, please contact the Home Education Office at (561) 434-8052. Our fax number is (561) 434-8447. This information is available in Spanish and Creole.

Sincerely,

Beth Gillespie, Program Planner
Home Education Office

Enclosure: Home Education Annual Evaluation form (PBSB 1407)