

**HOME EDUCATION PROGRAM
EVALUATION CHECKLIST**

FAX: 390-2075
PHONE: 390-2477 or
390-2476

PLEASE PRINT

STUDENT _____
 First Name Middle Last Name Date of Birth Grade

PARENT (GUARDIAN) _____ TELEPHONE _____

ADDRESS _____ ZIP CODE _____

Please check the option which satisfies the annual evaluation required in Statute 1002.41 (1) c and send this Evaluation Checklist, **with a copy of the evaluation or test results**, to Home Education Office, 4th Floor, 1701 Prudential Drive, Jacksonville, Florida 32207-8182 or fax to 390-2075 no **later than one-year from the date of your letter of intent to establish a home education program.**

a.	Portfolio evaluated by a Florida certificated teacher at the elementary or secondary level (<u>evaluation attached</u>).
b.	Results of a nationally normed achievement test taken by the student (<u>results attached</u>).
c.	Results of a State Student Assessment Test (<u>results attached</u>).
d.	Student evaluated by an individual holding a valid active license pursuant to the provisions of s.490.003 (7) or (8) (<u>results attached</u>).
e.	Other valid measurement tool as mutually agreed upon by the Superintendent of Duval County Public Schools and the parent (<u>results attached</u>).

The educational progress of the above named student is commensurate with his/her ability or grade level.

_____ Yes _____ No

Date Evaluated Signature of Evaluator Certificate No. Expiration Date

The evaluator has explained the evaluation to me and I am in agreement with the results and conclusions.

Signature of Parent (Guardian)