

Suwannee County School District
Home Education Program
ANNUAL EVALUATION

Student's Full Name: _____ Date of Birth: _____

Parent/Guardian Name (Print): _____

Phone Number: _____

Home Address: _____

City, State, ZIP: _____

This evaluation covers the school year grade of
(Circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

For the upcoming school year, the student named
above will enter the school year grade of
(Circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

EVALUATION OPTIONS

- ☐ 1. **Portfolio Evaluation with Student Conference**
- ☐ 2. Nationally Normed Test
- ☐ 3. State Assessment approved by SCSD
- ☐ 4. Psychological Evaluation
- ☐ 5. Other Agreed Upon Valid Measurement

Parent Signature: _____ Date: _____

For option 1, your evaluator may use the space below:

On, _____ I, _____, a Florida Certified Teacher, evaluated the
(date) (teacher name)
above named student in accordance with F.S. 1002.41 1 (f) 1. I find that the above mentioned student ☐ **has** ☐ **has not**
demonstrated progress at a level commensurate with his/her ability and ☐ **is** ☐ **is not** ready for continuous instruction
at the next level.

Teacher/Evaluator's Name: _____

Florida Teacher Certificate Number: _____ Expiration Date: _____

Teacher/Evaluator's Signature: _____ Date: _____

Please attach test results if you are using options 2-5.

Return form to:

Lisa Garbett
Suwannee Virtual School and Home Education Coordinator
305 SW Pinewood Drive. Live Oak, FL 32064
Office Phone: (386) 647-4243
lisa.garbett@suwannee.k12.fl.us

☐ This student has failed to provide an annual evaluation according to F.S. 1002.41, F.S. This home education program is in noncompliance and faces termination by the superintendent. The parent has been notified.

Admin signature: _____ Parent signature: _____ Date: _____