

Brevard County Public Schools
HOME EDUCATION WRITTEN EVALUATION FORM

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 (in **BLUE** Ink) ***Date of Evaluation***
Required

Name of Teacher/Evaluator (PLEASE PRINT)	Certification Number	Date of Certification Expiration
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Student's Name (PLEASE PRINT)	Date of Birth	Current grade
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Student's Complete Address
(PLEASE PRINT)

Parent(s)/Guardian(s) Name
(PLEASE PRINT)

Return completed form to the following: Office of Student Services
Educational Services Facility
2700 Judge Fran Jamieson Way
Viera, FL 32940-6699