



PINELLAS COUNTY SCHOOLS
HOME EDUCATION EVALUATION

Student's Name Student's Date of Birth:
Student's Address: Parent's/Guardian's Name:
City, State, Zip: Phone Number:

___ Check here if this is a change of address or change of phone number

The evaluation took place on: _____ Date

EVALUATION METHOD: ___ Portfolio Review & Discussion with the Pupil
___ National Normed Achievement Test

Which test was administered? _____
___ Psychological Evaluation

Upon review of the portfolio and/or testing, I find that this student ___ has ___ has not, demonstrated progress at a level commensurate with his or her ability.

Please complete the following sections, as appropriate, and sign this form.

If the evaluator is a teacher, a copy of the current Florida teaching certificate must be attached. If the evaluator is a licensed psychologist, the Florida license number must be listed.

Teacher's Name (please print) Current Florida Certificate Number
Teacher's Signature Date of Expiration
Licensed Psychologist's Name (please print) Florida License Number
Psychologist's Signature Date of Expiration

RETURN TO: School Board of Pinellas County, Department of Home Education
301 Fourth St. SW, Largo, FL 33770
Fax (727) 588-5038
E-mail: CSHE@pcsb.org