



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