

Miami-Dade County Public Schools Home Education Program Annual Educational Evaluation

Use of this form is optional.

The Annual Educational Evaluation is due annually, on the anniversary date of the student's enrollment, as specified in <u>F.S. 1002.41</u>.
 Section I is completed by the parent and Section II is completed by a certified teacher or licensed psychologist.

STUDENT NAME	(Last)	(First)	(Middle)	DATE OF BIRTH			ENROLLMENT DATE
STREET ADDRESS			(City)	(State)	(Apt.#)	(Zip Code)	TELEPHONE # Home: Cell:
PARENT NAME	(Last)	(First)		EMAIL ADDRESS			
			•	n for the 20 20 ogram for the 20			ne Notice of Termination Form 729
SECTION II (C	Check all applic	cable boxes) T	o be completed	by a certified tead	her or licensed	psychologist.	
Jpon review c	of this student's	portfolio and	ion at the next level for test result instruction at the	s , I find that the stu	ident has <u>not</u> dei	monstrated progr	ess at a level commensurate wi
Evaluation for S	chool Year 20	20	Date of Ev	aluation			
Name of Certified Teacher or Licensed Psychologist				Florid			Certificate/License Expiration Date
am the holder	of a valid Florida	Certificate to tea	ch academic subje	cts at the elementary	or secondary leve	l or possess a valid	d Florida License in Psychology.
ignature of Teacher or Psychologist Date			Telephone# (optional) Email (optional)			I (antiqual)	
Signature of Te	delici oi i syeli	0.09.01		-			i (optional)
			al Educational Eval	uation requirement, p	lease visit the <u>Hor</u>		
For addition	nal information reg	garding the Annua	al Educational Eval	orm via email to:	lease visit the <u>Hom</u> Miami-Dade Count Florida Home Educ	ve Education websi	