



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

The Annual Educational Evaluation is due annually, on the anniversary date of the student's enrollment, as specified in F.S. 1002.41. Sections I and II are to be completed by a certified teacher or licensed psychologist.

STUDENT NAME	(Last)	(First)	(Middle)	DATE OF BIRTH	ENROLLMENT DATE
STREET ADDRESS	(Apt. No.)	(City)	(State)	(Zip)	TELEPHONE Home: Cell:
PARENT NAME	(Last)	(First)	EMAIL ADDRESS		

SECTION I

Upon review of this student's **portfolio** and/or **test results**, I find that the student **has** **has not** demonstrated progress at a level commensurate with his or her ability and **is** **is not** ready to continue instruction at the next level.

SECTION II

Complete section A or B below, as appropriate:

A. Florida Certified Teacher

Date(s) of evaluation: _____

NAME OF TEACHER (Print)	CURRENT FLORIDA CERTIFICATE NUMBER	DATE OF EXPIRATION
-------------------------	------------------------------------	--------------------

I am the holder of a valid regular Florida Certificate to teach academic subjects at the elementary or secondary level.

_____ *Signature of Teacher* _____ *Date* _____ *Telephone (optional)*

B. Florida Licensed Psychologist

Date(s) of evaluation: _____

NAME OF LICENSED PSYCHOLOGIST (Print)	CURRENT FLORIDA LICENSE NUMBER	DATE OF EXPIRATION
---------------------------------------	--------------------------------	--------------------

I am the holder of a valid regular Florida License in psychology.

_____ *Signature of Psychologist* _____ *Date* _____ *Telephone (optional)*

SUBMIT COMPLETED FORM TO: HomeEducation@dadeschools.net
Miami-Dade County Public Schools Florida Home Education Program 489 East Drive Miami Springs, Florida 33166 Telephone (305) 883-5310