



*Dedicated to Excellence in Education*

**ALL IN ALL THE TIME**

## Hendry County School District

### Home Education Annual Evaluation

Student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

On \_\_\_\_\_ I, \_\_\_\_\_

(Date) (Teacher Name)

a Florida Certified Teacher, evaluated the above-named student in accordance with Florida Statute §1002.41, and I find that she/he has demonstrated progress at a level commensurate with his/her ability and is ready to continue instruction at the next level.

Teacher Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keep a copy for your records and mail original to  
Hendry County School District, PO Box 1980, LaBelle, FL 33935