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
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E-mail: CSHE@pcsb.org