## SARASOTA COUNTY SCHOOLS OFFICE OF SCHOOL CHOICE

## 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231-3331 (941) 927-9000, Ext. 32258 Fax (941) 927-4021

## ANNUAL HOME EDUCATION EVALUATION

20	20	SCHOOL YEAR
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Parents/Guardians who choose to establish and maintain a home education are required to provide an <u>annual</u> educational evaluation. The annual evaluation must document that the student's educational progress is commensurate with his or her ability {F.S. 1002.41 (1) (f)}. Failure to provide an educational evaluation within one year of the registration date will result in the student's withdrawal from the established home education program.

Instructions: Print or type the student and evaluator information. In accordance with F.S. 1002.41 (1) (f). Select **one** of the evaluation options from below and provide the required documents. Submit a copy of the student's evaluation to Sarasota County Schools Superintendent's Office or the Office of School Choice within12 months (annually) from the date the student is registered for the established home education program.

Student's Name		DOB	Grade Placement		
Student's Current Address					
	Cell Phone				
Email Address:			(Information is not required to register)		
OPTION 1: Teacher Evaluation					
Teacher Name					
Florida Department of Education	Certificate Number	Ex	Expiration Date		
Certification Subject(s)					
Home Phone	Cell Phone				
	ducational portfolio and have noted en y in each of the subjects taught in the		t is demonstrating educational progress ucation Program."		
developed by the student and (2	) a log of educational materials and a d a <u>valid</u> Florida Teacher Certificate	activities maintained by	neets workbooks or creative materials used or the parent/guardian in a portfolio of records a entary (grades K-5) and/or secondary		
An optional writtenmemora	ndum or evaluation is attached.		is not attached.		
Teacher Signature			 Date		

## **OPTIONAL 2: Student Achievement Test** A home school student may take any nationally normed student achievement test administered by a Florida certified teacher. Name of Nationally Normed Test Form Level Grade Level Norms Date(s) Administered Attach a copy of the test results (percentile) to this form. If the test score is at or below the 16th percentile, attach a written explanation. Evaluator Name (Print) Evaluator Signature Florida Department of Education Certificate Number\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_ **Option 3: State Student Assessment Test** A student enrolled in a home school program established by his or her parent may take the state student assessment test used by the school district and administered by a certified teacher at a location and under testing conditions approved by the school district. It is the responsibility of the parent/quardian to contact the Research. Assessment and Evaluation (RAE) Office at (941) 927-9000, ext. 32254 or on the district web site, http://www.sarasotacountyschools.net to get instructions on how to register a home school student to take the state student assessment. Name of State Assessment\_\_\_\_\_\_Testing Date\_\_\_\_\_ Testing Date Score Name of State Assessment Attach a copy of the assessment results to this form. Option 4: Evaluation by Licensed Psychologist Psychologist Name Signature of Psychologist\_\_\_\_\_ Date License Number Expiration Date Cell Phone Home Phone Attach a copy of the psychological evaluation. Include measures of the student's ability and educational achievement. If the test score is at or below the 16th percentile, attach a written explanation. **Option 5: Other Valid Measurement** The student may be evaluated with other valid measurement tools such as the SAT, ACT and PERT. Grades earned through college dual enrollment courses or classes taken at a public or private school or through an online virtual program. It may be acceptable to use an alternative measurement tool to evaluate the educational progress of a student identified with a learning disability. The Superintendent's designee must approve any alternative measurement tool prior to its use. Please call the Office of School Choice at (941) 927-9000 ext. 32258 for approval of any alternate evaluation tool.

FOR INTERNAL USE ONLY

Superintendent or Designee (Signature) \_\_\_\_\_ Date\_\_\_\_

Superintendent or Designee (Print Name)

Evaluation is acceptable Evaluation is acceptable with attached modifications or additions Evaluation Is not acceptable.

RET: MASTER PERM DUPL.OSA