



Duval County Public Schools

Office of Dropout Prevention

Dr. Pamela Davis, Executive Director – davisp3@duvalschools.org

Home Education Annual Evaluation

Directions: Section I and II are to be completed by a State of Florida certified teacher or licensed psychologist.

The Annual Evaluation is due no later than each anniversary of a student’s registration date (as specified in F.S. 1002.41).

Return original to: Duval County Public Schools, 1701 Prudential Drive, Attention: Ms. Kimberly Cobb, Home Education Office, 4th Floor, Jacksonville, FL 32207, cobbk@duvalschools.org Phone: (904) 390-2477, Fax: (904) 390-2075

Student Name (First Name Last Name)	Date of Birth	Registration Date

Parent Name (First Name Last Name)	Home Address (Street, City, State, Zip Code)

Telephone Number (include area code)	Email Address

SECTION I

Upon review of this student’s ___ **portfolio** and/or ___ **test results** (*You may include a copy*), I find that she/he ___ **has** or ___ **has not** demonstrated progress at a level commensurate with his or her ability and ___ **is** or ___ **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 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 FL LICENSE NUMBER	DATE OF EXPIRATION

I am the holder of valid Florida License in Psychology.

SIGNATURE OF PSYCHOLOGIST

DATE

TELEPHONE (optional)