

**HOLMES COUNTY SCHOOL BOARD**

**EVALUATION CHECKLIST  
HOME EDUCATION PROGRAMS**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Please check the requirement which satisfies the evaluation required by F.S. 1003.21. **Send this Evaluation Checklist to the following individuals: Pam Short at Holmes County School Board, 401 McLaughlin Avenue, Bonifay, FL 32425 prior to the beginning of the next school year.**

\_\_\_\_\_ Parent holds a valid regular Florida teaching certificate to teach the appropriate subjects and grades.

**OR**

\_\_\_\_\_ Parent does not hold a valid regular Florida teaching certificate but fulfills all requirements including one of the following evaluation requirements:

\_\_\_\_\_ Portfolio evaluated by Florida certified teacher (evaluation attached),

\_\_\_\_\_ Results of a nationally normed achievement test administered by a certified teacher (results attached),

\_\_\_\_\_ Results of a state assessment test,

\_\_\_\_\_ A written evaluation by an individual holding a valid active psychologist or school psychologist license pursuant to the provisions of Section 490.003(3) or (7), Florida Statutes,

\_\_\_\_\_ Results of any other valid measurement tool mutually agreed upon by the district superintendent and parent/guardian.

The educational progress of the above named student is at a level commensurate with his/her ability and grade level.

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date of Evaluation

The evaluator has explained the evaluation to me and I am in agreement with the results and conclusions.

I plan to continue the above named child in a home education program for the \_\_\_\_\_ school year.

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date