



## HOME EDUCATION EVALUATION CHECKLIST

Month Due: \_\_\_\_\_

Student:		DOB:	Grade Level Evaluated:
Parent/Guardian:	Address		Phone:

Please check the requirement which satisfies the evaluation required by s. 1002.41(1)[c]. The Evaluation Date is determined from the date of Intent to Establish a Home Education Form. Send this Evaluation Checklist, along with the evaluation, to:

Walton County School District  
**Student Services**  
**Home Education**  
145 Park Street, Suite 5  
DeFuniak Springs, Florida 32435  
Telephone: (850) 892-1100 FAX: (850) 892-1185 [www.walton.k12.fl.us](http://www.walton.k12.fl.us)

- 1. A teacher selected by the parent shall evaluate the student's educational progress upon review of the portfolio and discussion with the student. Such teacher shall hold a valid regular Florida certificate to teach academic subjects at the elementary or secondary level.
- 2. The student shall take any nationally normed student achievement test administered by a certified teacher.
- 3. The student shall take a 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.
- 4. The student shall be evaluated by an individual holding a valid, active license pursuant to the provisions of s. [490.003\(7\)](#) or (8).
- 5. The Walton County School District accepts an official transcript or final grade report provided from Florida Virtual School.

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

\_\_\_\_\_  
Date

FOR WCSD OFFICE USE ONLY:	
Date Received:	<input type="checkbox"/> Compliance for 20__



## WRITTEN EVALUATION FORM

<b>Student:</b>		<b>DOB:</b>	<b>Grade Level Evaluated:</b>
<b>Parent/Guardian:</b>	<b>Address</b>		<b>Phone:</b>

Upon review of the portfolio of, and discussion with, the student named above, I have found:

- Student **has** demonstrated progress at a level commensurate with his/her ability.
- Student **has not** demonstrated progress at a level commensurate with his/her ability.

<b>Date of Evaluation:</b>	<b>Printed Name of Florida Certified Teacher:</b>	<b>Florida Teacher Certificate #:</b>	<b>Date Certificate Expires:</b>

\_\_\_\_\_  
Signature of Florida Certified Teacher/Evaluator

**Submit to:**  
Walton County School District  
**Student Services**  
**Home Education**  
145 Park Street, Suite 5  
DeFuniak Springs, Florida 32435  
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Date Received:	<input type="checkbox"/> Compliance for 20__