



WALTON COUNTY SCHOOL DISTRICT

HOME EDUCATION ANNUAL WRITTEN EVALUATION FORM

Form with fields for Student, DOB, Grade Level, Parent/Guardian, Address, and Phone.

Please complete the appropriate section below.

Evaluator Section

Evaluator is a (please check one): [] Florida Certified Teacher [] Licensed Psychologist

Date of Evaluation: _____

Table with fields: Printed Name of Evaluator, Certificate/ License Number, Date of Expiration

Upon review of the portfolio for the student named above, I have determined that the:

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

In signing below, I am indicating that I possess a valid Professional Florida Teaching Certificate in academic subjects at the elementary or secondary level or I possess a valid Florida License in Psychology.

Signature of Evaluator _____ Date _____

Accredited Institution Section

The above-named student's official academic transcripts are attached from the institution listed below.

Table with fields: Name of Accredited Institution, Accrediting Agency, Accreditation Expires on, Address of Accredited Institution, City/State of Accredited Institution, Phone # of Accredited Institution

Submit to:

Walton County School District
Home Education
145 Park Street
DeFuniak Springs, Florida 32435
Telephone: (850) 892-1100, Ext: 1822
Webpage -www.walton.k12.fl.us
Email - wcsdhomeed@walton.k12.fl.us

FOR WCSD OFFICE USE ONLY:
Date Received: