



**Washington County School District
Home Education Program**

HOME EDUCATION ANNUAL EVALUATION FORM

By State Law an annual evaluation is due to the Home Education Office every year on the month of your enrollment. Keep a copy for your records.

Parent/Guardian Name Students Name DOB Current Grade

Address City State Zip

Phone #: _____ Email: _____

☐ Check here if this is a change of address or phone number

PROFESSIONAL CERTIFICATION

Name of Evaluator: _____ Phone #: _____

FLDOE Certificate #: _____ Expiration Date: _____

Evaluation Date: _____ Next Grade Level Determined by Evaluation: _____

Upon review and discussion with the pupil named above, I have found that the pupil has demonstrated progress at a level commensurate with his/her ability. Florida Statute requires that I hold a valid regular Florida Certificate to teach academic subjects at the elementary or secondary level. **My signature below attests my qualification.**

Signature: _____ Date: _____

Mail or fax to: Washington County School Board
652 Third Street
Chipley, FL 32428
850-638-6222
Fax: 850-638-6226

This form must be filled out completely to be accepted by the Home Education Department