

Okaloosa County School District
Home Education Department
Annual Evaluation

Student's Information:

First Name: _____ Last Name: _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Parent/Guardian: _____

Evaluator's Information:

Teacher's Name: _____

Certificate Number: _____ Expiration Date: _____

Signature: _____ Date: _____

On _____, I, _____,

a Florida Certified Teacher, evaluated the above named student in accordance with ss.1002.41, and I find that she/he has demonstrated progress at a level commensurate with his/her ability and is ready to continue instruction at the next level.

Please return evaluation to: Office of Independent Education, 461 School Avenue,
Crestview, FL 32536 Phone: (850) 689-2043 Fax: (850) 689-7444

OFFICE USE ONLY

Date received: _____

School Year: _____