

HOME SCHOOL EVALUATION CHECKLIST

PLEASE PRINT

Student Name _____

Date of Birth _____

Grade _____

Parent (Guardian) _____

Telephone _____

Address _____

City _____ State _____ Zip _____

Please check the option which satisfies the annual evaluation required in Statute 1002.41(1)(c) and send this Evaluation Checklist, **with a copy of the evaluation or test results**, to Calhoun County School District, 20859 Central Ave. East Room G-20, Blountstown, FL 32424, attention Vicki Davis.

	a.	Portfolio evaluated by a Florida certificated teacher. Attach a copy of the signed evaluation.
	b.	Results of a nationally normed achievement test taken by the student such as SAT10 Attach a copy of the test results
	c.	Results of a State Student Assessment Test such as FCAT or FAIR Attach a copy of the test results
	d.	Student evaluated by an individual holding a valid active license pursuant to the provision of s.490.003(7) or (8). Attach a copy of the signed evaluation.
	e.	Other valid measurement tool as mutually agreed upon by the Superintendent and the parent. Attach a copy of the results