Brevard Public Schools
Home Education Annual Evaluation

First Name	Last Name	Date of Birth

(PLEASE PRINT)

An annual educational evaluation has been completed for the above student by (Please select ***one*** of the following options):

- ☐ Review of the portfolio and discussion with the student; administered by certified teacher.
- ☐ Completing a nationally normed student achievement test; administered by certified teacher.
- ☐ Completing a state student assessment test; administered by certified teacher.
- ☐ Evaluation by an individual holding a valid, active license pursuant to s. 490.003(7) or (8).
- ☐ Other valid measurement tool; as agreed upon by the district school superintendent.

_____

Parent(s)/Legal Guardian(s) Name (Please Print)

_____

Student's/Parent/Legal Guardian's Complete Address

Completed by certified teacher: 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 to my qualification and the student's progress. ***ONLY*** if the student's demonstrated progress *is* ***not*** commensurate with his/her ability should a copy of your certificate, test score report (if applicable), and a comprehensive written evaluation be enclosed.

☐ I have found that the student named above has demonstrated progress at a level commensurate with his/her ability.

☐ I have not found that the student named above has demonstrated progress at a level commensurate with his/her ability.

Certified Teacher/Evaluator	**Phone/E-mail**	**Date of Evaluation**
Certified Teacher/Evaluator Signature	**Certification Number**	**Certification Expiration**

Return completed form to:
HomeEducation@BrevardSchools.org
Or U.S. Mail to:
Home Education – ESF – Pod 4
2700 Judge Fran Jamieson Way
Viera, FL 32940-6699

Date Received:

Revised September 14, 2026