



Okeechobee County School Board

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Okeechobee, Florida 34974

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Chairperson
Melisa Jahner
Vice Chairperson
Malissa Morgan
Members
Dr. Christine B. Bishop
Jill Holcomb
Amanda Riedel

Florida Home Education Annual Evaluation Form

Date: _____

Students Full Name:

Student DOB:

Students Address:

Parent/Guardian Name:

Parent/Guardian Signature:

Additional Comments:

Upon reviewing and evaluating the above named Student, I find that he/she has demonstrated progress at a level commensurate with his/her ability and is ready to continue instruction at the next level.

Signature of Certified Teacher:

Printed Name:

Florida Certification Number:

Date Certification Expires:
