74 W William Street, Delaware OH 43015
Phone: (740) 833-1100 Fax: (740) 833-1149

"Achieving Excellence, Honoring Tradition"

Curriculum Department

# HOME SCHOOL ACADEMIC ASSESSMENT REPORT

**Name of Child:**_____

**Birth Date:** _____

**Subject(s) Area(s):**_____

**Academic Year of Assessment:**_____

This assessment assures that a minimum of nine hundred hours of home education for the school year stated above has been completed and indicates child's academic progress for the year is in accordance with his/her abilities: (Choose option 1 or 2)

☐ **Option 1**: Results of a nationally normed, standardized achievement test administered by a licensed or certified teacher, individual mutually agreed upon by the parent(s) and the Superintendent, or person duly authorized by the publisher of the test. Results should demonstrate reasonable proficiency as compared to other children in the district at the same grade level. Any child that has a composite score at or above the twenty-fifth percentile shall be deemed to be performing at a level of reasonable proficiency. **Please indicate name of test and person who administered test below in order to validate it meets the rules as set forth under the Ohio Revised Code.**

**Standardized Achievement Test Name:** _____ **(Results Attached)**

**Test Administered by:** _____**Title or Certification #**_____

☐ **Option 2:** Written narrative signed by a certified teacher or other person mutually agreed upon by the parent(s) and the superintendent indicating that a portfolio of samples of the child's work has been reviewed and that the child's academic progress for the year is in accordance with the child's abilities.

**Certified Teacher Signature:**
I hereby certify that the work performed as outlined in the parent assessment/portfolio of activities reviewed by me, and the child's academic progress for the year is in accordance with his/her abilities:

_____ _____ _____
**Signature of Assessor *** **Date** **Certification # ***

*If an Ohio certified teacher and not a Delaware City School Employee, indicate certification # for validation that you hold a valid Ohio teaching certificate.

Please return this completed form to:

Delaware City Schools; Home Education
Curriculum Department
74 W. William Street
Delaware, OH 43015