

Evaluator's Certification

The Boyertown Area School District encourages evaluators to use this form for certifying a Home Education Program.

Student Name: _____ Date of Birth: _____

Telephone Number, Email, and Address of the Home Education Program Site:

Phone: _____ Email: _____

Address: _____

Grade Level: _____

Date of Evaluation: _____

Name of Evaluator: _____

Credentials of Evaluator: _____

By signing below, I certify that I have conducted an evaluation of the home education program for the above-referenced student and that an appropriate education that meets the requirements set forth in the Pennsylvania School Code is occurring for the _____ - _____ school year.

Signature of Evaluator

Date