The School District of Philadelphia

Welcomes

Home School Education Program Supervisors

Our Staff is available to assist with Home School Documents and Inquiries:

1. Email us: homeschooling@philasd.org

2. The School District of Philadelphia
   Chief of Schools Office
   ATTN: Home School Education Program
   440 North Broad Street, 2nd Floor – Portal A
   Philadelphia PA 19130

Home School Ed. Program Renewal/Opening Documents,
(Affidavit + Educational Objectives and Health Records) are due August 1st of each academic year.

Student’s end of the year Home Schooling Evaluation Certification is due by June 30th of each academic year.

Supervisors/Parents are urged to submit copies only, the District will not Xerox and/or return documents that are required annually.
Dear Home Schooling Supervisor:

To ensure compliance with state law, please read the below summary of The School District of Philadelphia’s policy and procedures for homeschooling.

Unless your child or children are already in an approved Homeschooling program, Pennsylvania law requires that they remain in their current public or licensed private school until you are notified that your Home School Education Program Affidavit packet is complete.

A Home School Education Program Affidavit Packet includes a notarized affidavit, student information sheet, immunization records, and educational objectives for each required subject, for each student.

The following time requirements must be closely followed:

1. The affidavit must be filed prior to commencement of the Home Education Program.
2. A renewal affidavit must be filed no later than August 1st of each year.
3. Your child must have a standardized test in grades 3, 5, and 8. *(Your child can be tested in your local public school; you must notify the principal by January of the Academic Year).*
4. The documentation you must submit at the end of each school year *(Home Schooling Evaluation Certification)* must be received by June 30th to ensure the timely student accounting with the State Department of Education. Remember, the Pennsylvania Homeschooling Act places the responsibility with you to maintain the necessary documentation and obtain the necessary testing and evaluation.
5. If your child has been identified as a special education student, under the Education of the Handicapped Act, your annual affidavit must also include notification of approval of your child’s program/educational objectives by a certified special education teacher or licensed clinical school psychologist.
6. Please be advised if you should discontinue or change your home schooling program or enroll your child in another school i.e. Cyber Charter, Private School, Charter School, out of state school or your local school you must immediately notify the Homeschooling office at *(homeschooling@philasd.org)*, or phone *(215-400-6695)* too close your homeschooling record for the academic year.
HSE Student Information Sheet

(PLEASE RETURN WITH AFFIDAVIT)

Parent(s)/Home Schooling Supervisor:

Name: ________________________________________________________________

Address: ____________________________________________________________________

________________________________________________ Zip: ________________

Phone(s) #: ____________________________________________________________________

Email Address: ____________________________________________________________________

Student(s) Name(s) Female/Male DOB & Age Last Grade Completed

_________________________________________ _______ _______ ________________

_________________________________________ _______ _______ ________________

_________________________________________ _______ _______ ________________

Present or Neighborhood School: ____________________________________________

Your child must have a standardized test in grades 3, 5, and 8. Do you wish to have your child tested in your local public school?

☐ No

☐ Yes, I understand it is my responsibility to notify the principal by January of the Academic Year.

Has your student(s) been identified as needing special education services?

☐ No

☐ Yes: as required, my Home Education Program/Education Objectives includes a written notice of approval from a Certified Special Education Teacher or School/Clinical Psychologist.

homeschooling@philasd.org
Affidavit of the Supervisor of a Pennsylvania Home Education Program

Name of Supervisor: __________________________________________________________

Telephone number of the home education site: ________________________________

Address of the home education site: _______________________________________

City: ______________________ State: __________________ Zip: _______________

Child’s Name: ____________________ Age/DOB: _____________________________

Child’s Name: ____________________ Age/DOB: _____________________________

Child’s Name: ____________________ Age/DOB: _____________________________

Child’s Name: ____________________ Age/DOB: _____________________________

I certify that the subjects as required by law are offered in the English language, that an outline of proposed educational objectives by subject area is included; that each child has been immunized in accordance with the provisions of section 1303 (c) and (d) and has received the health and medical services required for such students of the child’s age or grade level in Article XIV or has a medical, religious, strong moral or ethical exemption; that the home education program shall comply with the provisions of Act 169 Section 1327.1 and that this affidavit shall be satisfactory evidence thereof.

This certifies that I, all adults living in the home and persons having legal custody of the child or children in the home education program have not been convicted of the criminal offenses enumerated in subsection (e) of section 111 within five years immediately preceding the date of this affidavit.

I attest that I have a high school diploma or its equivalent.

Commonwealth of Pennsylvania County of: _________________________________

Before me, the undersigned notary public, this day personally appeared the above-named Supervisor, to me known, who being duly sworn according to law, deposes and says: that the home education program shall comply with the provisions of Act 169.

Supervisor’s signature: ____________________________

Sworn and subscribed to before me: ___________________________ Date: __________

Notary Public: ______________________________________________

Seal:
Education Objectives

Student Name: ___________________ Academic Year: ______ Grade: ___

English
Read wide variety of books and other types of literature. Utilize library.
Improve spelling.
Improve knowledge of grammar. Improve writing skills.
Improve reading skills.

Arithmetic
Improve computation skills. Master newly introduced topics.

History – Geography - Civics
Increase knowledge of American & Pennsylvania history. Study historical topics of interest.
Improve map skills.
Increase knowledge of U.S. geography. Increase knowledge of world geography.
Continue to explain the rights and responsibilities of citizens to students.

Science
Continue to expose student to concepts in science. Read interesting books/ articles on scientific topics.
Continue to instruct student how to study scientific topics.

Safety Education
Continue to instruct student regarding safety issues including fire safety.

Health - Physical Education
Continue to instruct student in areas relating to health and hygiene.
Incorporate exercise into daily routine.
Continue to allow student freedom to exercise out-of-doors, weather permitting.

Music - Art
Increase appreciation for music as a form of expression. Utilize music as a form of expression.
Increase appreciation for art as a form of expression. Utilize art as a form of expression.
Home Education Program

Special Education Program Approval

I have evaluated the educational objectives for ____________________ and have determined that they meet his/her specific needs for the academic year.

I certify that I fulfill the requirements of the home-school law, 1327(d), being a:

☐ teacher with a valid certificate from the Commonwealth of Pennsylvania to teach special education

☐ licensed clinical psychologist

☐ certified school psychologist

Name of Teacher/Psychologist: ________________________________

Signature: ________________________________ Date: ____________________
Dear Homeschooling Supervisor:

The Home School Education Program for The School District of Philadelphia would like to provide you with some guidance for completing your home schooling program or programs for each Academic Year.

Your **Home Schooling Evaluation Certifications** are to be submitted to the home schooling office by no later than June 30th of each academic year. Please submit your **Home Schooling Evaluation Certification** as early as possible. This will insure you receive prompt service when submitting your **Home Schooling Evaluation Certification**. Also, if you plan to homeschool next academic year, please submit your affidavit & objectives for next academic year at the same time as your **Home Schooling Evaluation Certification** for the current academic year. I understand that the affidavit & objectives are not due until August 1st, but as stated before, this will insure you receive prompt service and streamline the process for you and for me.

Please use one of the three methods below (in order of preference) when submitting your **Home Schooling Evaluation Certification**.

1. Schedule an appointment with Mr. Shawn Baker to have your **Home Schooling Evaluation Certification** reviewed in person at 440 N. Broad St. All **Home Schooling Evaluation Certification** will be reviewed and returned, and a receipt will be provided at the time of the appointment.

2. E-mail. **Home Schooling Evaluation Certification** will be reviewed in the order your E-mail was received. Your receipt will be sent to you Via E-mail. (homeschooling@philasd.org)

3. Regular Mail. (LEAST OPTIMAL METHOD) Please do not use this method of submitting your **Home Schooling Evaluation Certification**, unless absolutely necessary. All mail will be reviewed last. Receipts will only be provided if you send a self-addressed stamped envelope for the return of your Home Schooling Evaluation Report. All **Home Schooling Evaluation Certification** that are received by mail will be recycled, if not picked up by the 1st of September of each academic year.

Lastly, please know that students in grades 3 and 7 require a dental exam and students in grades 6 and 11 require a medical exam.
Evidence of program completion as required by The Pennsylvania Department of Education for the current year includes the submission of a **Home Schooling Evaluation Certification**. The **Home Schooling Evaluation Certification** must be completed by a licensed clinical or school psychologist or by a teacher qualified to teach in Pennsylvania.

Please be advised if you should discontinue or your home schooling program or enroll your child in another school i.e. Cyber Charter, Private School, Charter School, out of state school or your local school you must immediately notify the Homeschooling office at (homeschooling@philasd.org), or (215-400-6695) by phone to close your homeschooling record for the academic year.

Also, parents of private tutor students must provide written assurance to The School District of Philadelphia by June 30th of each school year that the instructional requirements for their students have been met.

Please be advised that if we do not receive your Home Schooling Evaluation Report in a timely fashion, and we have no information that your child is enrolled in another educational program, we may be obligated to call The Department of Human Services to report possible educational neglect.

Contact can be made via email (homeschooling@philasd.org), or (215-400-6695) by phone. Remember, The Pennsylvania Home Schooling Act places the responsibility with you to maintain the necessary documentation and evidence for completion of a home schooling program.

**Best Wishes for a successful homeschooling year**
HOME EDUCATION EVALUATION  
( Elementary )

Student’s Name: ____________________________________________________________

Supervisor’s Name: ________________________________________________________

Academic Year: ___________________________ Grade: ________________

I have conducted an evaluation of the home education program for the above student. The program consisted of instruction in the required subjects for the time required by Act 169 of 1988. As required by Act 169 of 1988, the student’s Portfolio includes:

☐ A log, which designates the reading materials used.

☐ Samples of any writings, worksheets, workbooks, or creative materials used or developed by the student.

☐ The results of nationally standardized achievement tests in reading/language arts and mathematics or the results of statewide tests administered in these grade levels (required only in grades 3, 5, and 8).

Based on my review of the portfolio and my interview with the student, I have determined that the student has demonstrated sustained progress in the overall program. Therefore, I hereby certify that an appropriate education has occurred.

Evaluator’s Name: ________________________________________________________

homeschooling@philasd.org
HOME EDUCATION EVALUATION
(Secondary)

Student’s Name: ____________________________________________

Supervisor’s Name: __________________________________________

Academic Year: __________________________ Grade: _____________

I have conducted an evaluation of the home education program for the above student. The program consisted of instruction in the required subjects for the time required by Act 169 of 1988. As required by Act 169 of 1988, the student’s Portfolio includes:

☐ Interview with student & review of the portfolio.

☐ Samples of any writings, worksheets, workbooks, or creative materials used or developed by the student. A log that designates the reading materials used.

☐ 180 days or 990 hours of documented time (required by sections 1327 & 1327.1 of the school code.)

Based on my review of the portfolio and my interview with the student, I have determined that the student has demonstrated sustained progress in the overall program. Therefore, I hereby certify that an appropriate education has occurred.

Evaluator’s Name: ________________________________

Evaluator’s Signature: ______________________________________
## Attendance Calendar for Academic Year ____________

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10| 11| 12| 13| 14| 15| 16| 17| 18| 19| 20| 21| 22| 23| 24| 25| 26| 27| 28| 29| 30| 31|
| --- |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Aug |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sep |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Oct |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nov |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Dec |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Jan |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Feb |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mar |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Apr |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| May |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Jun |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
Log of Reading Materials & Text Utilized by Student: ___________________________ AY20 ____-____

(This Log presents a summary of the sequence/order of instruction; teaching & learning materials & tools included in my Home Education Program)

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Reading Materials:</th>
<th>Text Books:</th>
<th>Projects, Activities, Outings, Trips</th>
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