



**Stillwater Area Public Schools
Performance Appraisal System
Licensed School Nurse**

Components of Professional Practice

Domain I: Health Services Planning and Preparation		Domain III: Health Services Intervention/Health Education Wellness	
Component 1A	Demonstrating Knowledge of Nursing Process and Health	Component 3A	Communicating Clearly and Accurately
Component 1B	Demonstrating Knowledge of Individual Health Needs in School Setting	Component 3B	Engaging Community/School Resources
Component 1C	Promoting Health and Wellness	Component 3C	Engaging Students/Staff in Health Education and Wellness Promotion
Component 1D	Demonstrating Knowledge of School, District, and Community Health Resources	Component 3D	Providing One to One Follow-Up health Counseling to Students/Staff
Component 1E	Designing Individual Plans and Assessment of Intervention Effectiveness	Component 3E	Demonstrating Flexibility and Responsiveness and Upholding Confidentiality
Domain II: The Health Services Environment		Component 3F	Health Services Protocol, Policies, and Procedures
Component 2A	Creating an Environment of Respect, Rapport and Confidentiality	Domain IV: Professional Responsibilities	
Component 2B	Establishing a Culture of Health Education	Component 4A	Reflecting on Professional Practice and Nursing Process
Component 2C	Managing Health Services Procedures/Protocol	Component 4B	Maintaining Accurate Records
Component 2D	Supervision of Clerical/Health Paraprofessionals	Component 4C	Communicating with Families/Staff/Community and Education Teams
Component 2E	Organizing Physical Space/Maintenance of Health	Component 4D	Contributing to School
Component 2F	Managing Emergency and Non-Emergency Interactions	Component 4E	Growing and Developing Professionally
		Component 4F	Showing Professionalism



Level of Performance

<i>Domain 1 – Health Services Planning and Preparation</i>				
<i>Component 1A: Demonstrating Knowledge of Nursing Process and Health</i>				
1. Knowledge of Nursing Process	School nurse makes nursing process errors. School nurse displays inadequate health content knowledge.	School nurse displays basic health knowledge but cannot articulate connection with other nurses and other education team members.	School nurse displays solid health content knowledge and makes connections between the content and other nurses and other education team members.	School nurse displays extensive health content knowledge, with evident of continuing pursuit of such knowledge.
2. Health Knowledge Related to School Setting	School nurse displays little understanding of health issues involved in the nursing process in a school setting.	School nurse displays basic health knowledge but does not anticipate health needs in the school setting.	Health practices reflect current research on best health practice within the discipline, anticipating student/staff health needs.	School nurse displays continuing search for best practice and anticipates student/staff health needs.
<i>Component 1B: Demonstrating Knowledge of Individual Health Needs in School Setting</i>				
1. Knowledge of Characteristics of Age Group	School nurse displays minimal knowledge of developmental characteristics of age group.	School nurse displays generally accurate knowledge of developmental characteristics of age group.	School nurse displays thorough understanding of typical developmental characteristics of age group as well as exceptions to general patterns.	School nurse displays knowledge of typical developmental characteristics of age group, exceptions to the patterns, and the extent to which each follows patterns.
2. Assessment of Individuals Knowledge and Ability to Manage Personal Health Needs	School nurse neglects to assess individual's knowledge and ability to manage personal health needs.	School nurse recognizes the value of assessment of individual's knowledge and ability but does so inconsistently.	School nurse consistently assesses individual's knowledge and abilities and encourage self-management of health needs.	School nurse proactively assesses individual's needs, knowledge and ability include those of special needs; and promotes optimal management of health needs.



Component 1B: Demonstrating Knowledge of Individual Health Needs in School Setting (continued)

3. Knowledge of Diversity and Cultural Heritage of Individuals.	School nurse displays a little knowledge of diversity or cultural heritage of individuals and does not indicate that such knowledge is valuable.	School nurse recognizes the value of understanding diversity of cultural heritage of individuals but displays this knowledge only as a whole.	School nurse displays knowledge of the diversity or cultural heritage of groups of individuals and recognizes the value of this knowledge.	School nurse displays knowledge of the diversity or cultural heritage of each individual and incorporates that information into health interventions and interactions.
4. Development of Medical Alert Health Concern List	School staff is unaware of specific health concerns of their students.	Listing of specific student health concerns is developed.	Listing of specific student health concerns is developed in a timely basis, and updated as indicated.	Confidential and accurate listing of student medical alert/health concerns is created and updated as indicated. Confidentiality is upheld and information released to appropriate individuals only with students or family permission.

Component 1C: Promoting Health and Wellness

1. Value of Wellness	School nurse does not recognize the value of wellness as it related to the educational systems.	School nurse recognizes the value of wellness but inconsistently incorporates wellness programming.	School nurse recognizes the value of wellness and consistently incorporates wellness programming.	School nurse anticipates wellness trends and proactively participates in planning and development of wellness programs.
2. Coordinator of Wellness Events	School nurse is unwilling to participate in planning and coordinating wellness events.	School nurse is willing to assist with the already-developed program.	School nurse is willing to assume leadership in the development and implementation of wellness events.	School nurse actively seeks out additional or new wellness programming and initiates program development in areas of health and wellness.



Component 1D: Demonstrating Knowledge of School District, and Community Health Resources

1. Identification of Health Resources	School nurse is unaware of health resources available through the school, district or community.	School nurse displays limited awareness of resources available through the school, district or community.	School nurse is fully aware of all resources available through the school, district or community and knows how to gain access for individuals.	In addition to being aware of school, district and community-based resources, school nurse actively utilizes other sources to enhance health services for nursing process (for example, from professional organizations or state/federal program.)
2. School-Community Liaison	School nurse is not recognized as a direct link to other health resources.	School nurse is recognized as an indirect link to other resources but is inconsistently utilized.	School nurse is recognized as a direct link to other health resources; and networks with those agencies on an as needed basis.	School nurse serves consistently as a school community liaison and willingly participates in committees and boards.

Component 1E: Designing Individual plans and Assessment of Intervention Effectiveness

1. Individualized Health Plans	Health plans are absent or incomplete.	Health plans are completed for a few individuals.	Health plans in place for more individuals needing them.	Health plans are completed for those individuals needing them. They are individualized and continually monitored.
2. Collaboration	School nurse designs health plans without seeking input from others.	School nurse designs health plans with minimal input from others.	School nurse develops health plans collaboratively with individual, family, and team members.	School nurse collaborates with individual family, and them members in assisting, planning, implementing and evaluating the health plan.



Component 1E: Designing Individual plans and Assessment of Intervention Effectiveness (continued)

3. Assessment of Intervention Effectiveness	School nurse does not recognize the value of assessing for intervention effectiveness.	School nurse recognizes the value of assessing for intervention effectiveness.	School nurse assesses for intervention effectiveness on a consistent basis.	School nurse assesses for intervention effectiveness on a consistent basis and proactively implements change or adaption as indicated.
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Domain II: the Health Services Environment

Component 2A: Creating an Environment of Respect, Rapport and Confidentiality

1. School Nurse Interactions	School nurse interactions with at least some are negative, demeaning, sarcastic, or inappropriate to the age of culture or the individual. Individuals exhibit disrespect for school nurse.	School nurse interactions are generally appropriate but may reflect occasional inconsistencies, favoritism or disregard for one's culture. Individuals exhibit only minimal respect for school nurse.	School nurse interactions are generally friendly and demonstrate warmth, caring and mutual respect.	School nurse interactions are friendly and demonstrate general warmth, caring and mutual respect. Such interactions are appropriate to developmental and cultural norms. Individuals exhibit respect for school nurse.
2. Confidentiality	School nurse is not alert to issues of confidentiality.	School nurse's efforts to maintain confidentiality are inconsistent.	School nurse is moderately consistent in maintaining confidentiality.	School nurse is highly proactive in maintaining confidentiality.



Component 2B: Establishing a Culture of Health Education

1. Health Education Individual	School nurse lacks professional commitment to health education.	School nurse teaches the basic principles of health to individuals.	School nurse teaches the principles of health to individuals making adaptations for individuals with special needs.	School nurse monitors for health knowledge deficits and plans/implements health education strategies that reflect health needs of individuals. Outside expertise is sought when indicated.
2. Expertise as a Health Educator Resource Person	School nurse is not recognized as resource on health issues.	School nurse is recognized as a resource on health and responds to requests for consultation.	School nurse actively seeks out opportunities to serve as a consultant relating to health topics and issues.	School promotes and collaborates in the application of health promotion principles within all areas of the school community.

Component 2C: Managing Health Services Procedures/Protocol

1. Adherence to Stillwater Area Schools	School nurse and delegated others practice without reference to Stillwater Area Public Schools policies/procedures for health services.	School nurse and delegated others are aware of Stillwater Area Public Schools policies/procedures but use them inconsistently.	School nurse and delegated others abide by Stillwater Area Public Schools policies/procedures for health services routinely.	School nurse and delegated others abide by Stillwater Area Public Schools policies/procedures. Nurse is also actively involved in policy development, revision and review.
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Component 2C: Managing Health Services Procedures/Protocol (continued)

<p>2. Professional Practice Minnesota Board of Nursing</p>	<p>School nurse exhibits a lack of knowledge regarding the Nurse Practice Act and Minnesota Board of Nursing Standards and Regulations.</p>	<p>School nurse is aware of the Nurse Practice Act and Minnesota Board of Nursing Standards and Regulations.</p>	<p>School nurse is aware of the Nurse Practice Act and Minnesota Board of Nursing Standards and Regulations. Duties are delegated as appropriate only.</p>	<p>School nurse adheres to the Nurse Practice Act and Minnesota Board of Nursing Standards and Regulations. Delegation of duties is appropriate. Also takes leadership role in promoting practice of school nursing.</p>
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Component 2D: Supervision of Clerical/Health Paraprofessionals

<p>1. Expectations</p>	<p>No standards for delegated duties appear to have been established, or are confusing as to what the standards are.</p>	<p>Standards of delegated duties appear to have been established for most situations and most paraprofessionals seem to understand them.</p>	<p>Standards of delegated duties are clear to all clerical/health paraprofessionals.</p>	<p>Standards of delegated duties are clear to clerical/health paraprofessionals and appear to have been developed with clerical/health paraprofessionals participation.</p>
<p>2. Monitoring of Clerical/Health Paraprofessional Activities</p>	<p>Clerical/health paraprofessional is not monitored, and school nurse is unaware of what clerical/health paraprofessional is doing.</p>	<p>School nurse is generally aware of clerical/health paraprofessional activities but may be unaware of some activities.</p>	<p>School nurse is alert to clerical/health paraprofessional activities at all times and monitors the same closely.</p>	<p>Monitoring by school nurse is subtle and preventive. Clerical/health paraprofessionals are motivated to self-monitor their actions.</p>



Component 2D: Supervision of Clerical/Health Paraprofessionals (continued)

<p>3. Response to Clerical/Health Paraprofessional's Needs</p>	<p>School nurse does not respond to clerical/health paraprofessional needs, or the response is inconsistent, overly repressive, or does not respect the clerical/health para's dignity.</p>	<p>School nurse attempts to respond to clerical/health paraprofessional needs but with inconsistent results.</p>	<p>School nurse responds to clerical/health paraprofessional needs is appropriate and generally effective. The school nurse respects the clerical/health para's dignity.</p>	<p>School nurse responds to clerical health paraprofessional needs is highly effective and sensitive to clerical/health para's individual strengths and weaknesses. The school nurse and clerical/health paraprofessional respect each other's dignity.</p>
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Component 2E: Organizing Physical Space/Maintenance of Health Records/Storage of Medication

<p>1. Safety and Arrangement of Furniture</p>	<p>The health office is unsafe, or the furniture arrangement is not suited to the health services, or both.</p>	<p>The health office is safe, and office furniture is adjusted for a health visit, or if necessary, a visit is adjusted to the furniture but with limited effectiveness.</p>	<p>The health office is safe, and the furniture arrangement is effective for health activities.</p>	<p>The health office is safe, and the furniture arrangement is effective for health activities. Future office needs are anticipated and planned for.</p>
<p>2. Use of Physical Resources</p>	<p>School nurse uses physical resources poorly.</p>	<p>School nurse uses physical resources adequately.</p>	<p>School nurse uses physical resources skillfully making accommodations to environment as needed.</p>	<p>Physical resources are utilized optimally; creatively and planning for the environment are evident.</p>
<p>3. Management of Materials and Supplies</p>	<p>Materials are handled inefficiently.</p>	<p>Routines for handling materials and supplies function moderately well.</p>	<p>Routine for handling materials and supplies occur smoothly, with little loss of health service efficiency.</p>	<p>Routines for handling materials and supplies are efficient. Cost effective strategies are utilized and encouraged.</p>



Component 2E: Organizing Physical Space/Maintenance of Health Records/Storage of Medication (continued)

4. Accessibility and Maintenance of Health Immunization Records	Health and immunization records are not accessible and lack documentation of up-to-date information.	Essential health and immunization records are not accessible and lack documentation of up-to-date information.	All essential health and immunization records are easily accessible, utilized frequently and contain current information.	All essential health and immunization records are easily accessible, utilized frequently and contain current information. Students contribute to the maintenance of their personal information.
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Component 2F: Managing Emergency and Non-Emergency Interactions

1. Nursing Process Interactions	The school nurse doesn't effectively manage emergency or non-emergency situations.	School nurse has generally accurate impressions of nursing process and uses it consistently in emergency and non-emergency situations.	The school nurse makes an accurate assessment, utilizing the nursing process in emergency and non-emergency situations on a consistent basis.	The school nurse effectively demonstrates nursing process in all situations and evaluates the outcome of interventions.
2. Assessing Community Resources	The school nurse is unaware of community resources available for emergency and non-emergency interaction.	The school nurse is aware of community resources available but utilizes them infrequently.	The school nurse is aware of community resources and accesses them in appropriate situation as needed.	The school nurse utilizes community resources frequently both pro-actively and in response to emergency and non-emergency situations.



Domain III: Health Services Intervention/Health Education/Wellness

Component 3A: Communicating Clearly and Accurately

1. Oral Communications	School nurse's voice is inaudible and language contains grammar errors.	School nurse's spoken language is audible and grammatically correct.	School nurse's spoken language is clear and correct. Vocabulary is appropriate to age and developmental level of the individual.	School nurse's oral communications are appropriate and expressive, with well-chosen vocabulary that enriches the communication.
2. Written Language	School nurse's written communications are often illegible, confusing or lack clarity.	School nurse's written communications are legible. Vocabulary is correct but not always appropriate for age or developmental level of intended recipient.	School nurse's written communications are consistently clear, accurate and appropriate for intended recipient.	School nurse's written communications are consistently high quality. Clarity of the intended message is evident. Potential language barriers are considered.

Component 3B: Engaging Community/School Resources

1. Interaction with Resources/Agencies	Interaction between school nurse and resources/agencies is predominantly one sided with little or no opportunity for exchange or ongoing networking.	School nurse makes some attempts to engage resources/agencies in occasional circumstances but with a few ongoing exchanges or networking opportunities.	School nurse interactions model cooperation and appropriate networking with resources/agencies.	School nurse collaborates with resources/agencies to achieve specific goals. Networking is ongoing and evident.
2. Community/Schools Resources	Only a few community/school resources are activated in a request. School nurse utilizes only one or two of the available agencies during referrals.	School nurse attempts to engage community/school resources but with only limited success.	School nurse successfully engages community/school resources.	School nurse collaborates with community/school resources to achieve optimal health service goals.



Component 3C: Engaging Students/Staff in health Education and Wellness Promotion

1. Health Education Presentations	Health Education presentations are poorly planned and often fall short of meeting program goals.	Healthy Education presentations are well planned. The program purpose is apparent. Program goals are not always achieved.	Health Education programs are well planned. Program goals are generally achieved.	Health Education presentations are extremely well planned, purposeful and meet or exceed the program objectives/goals/benchmarks.
2. Health and Wellness Activities	Health/wellness activities are inappropriate for students/staff in terms of their age or background. Student/staff are not engaged mentally/physically.	Some health/wellness activities are appropriate to students/staff and engage them, but others do not.	Most health/wellness activities are appropriate to student/staff. Al most all individuals are engage in them.	All students/staff are engaged in health/wellness activities. Students, staff initiate or adapt health/wellness activities to enhance their physical wellbeing.
3. Instructional Materials and Resources	Instructional materials and resources are unsuitable to the health education goals or do not engage individuals.	Instructional materials and resources are partially suitable to the health education goals, or level of mental engagement is moderate.	Instructional materials and resources are suitable to the health education goals and engage the individual. Materials contain current information from credible sources.	Instructional materials and resources are current, suitable to the health education goals, and engage the individuals. Student and staff recognize the school nurse as a resource for all health-related materials.

Component 3D: Providing One to One Follow Up Health C counseling to Students/Staff

1. Quality Health Counseling	Health counseling is either not provided or is of uniformly poor quality.	Health counseling is inconsistent in quality in one to one and/or group settings	Health counseling is consistently high quality and individualized in both one to one and group settings.	Health counseling is consistently high quality and individualized. Provision is made for students/staff to provide feedback in their counseling process.
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Component 3D: Providing One to One Follow Up Health Counseling to Students/Staff (continued)

2. Timeliness	Health counseling is not provided in a timely manner.	Timeliness of health counseling is inconsistent.	Health counseling is consistently provided in a timely manner	Health counseling is consistently provided in a timely manner. Students, staff are encouraged to make prompt use of their learning.
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Component 3E: Demonstrating Flexibility and Responsiveness and Upholding Confidentiality

1. Health Plan Adjustment	School nurse adheres rigidly to a health plan even when a change will clearly improve the intervention.	School nurse attempts to adjust health plans with mixed results.	School nurse makes adjustments to health plans and the adjustment occurs smoothly.	School nurse successfully makes adjustments. Outcome goals are maximally achieved.
2. Responses to Student/Staff	School nurse ignores or brushes aside student/staff questions or interests or concerns.	School nurse attempts to accommodate student/staff questions, interests and concerns.	School nurse successfully accommodates student/staff questions, interests and concerns.	School nurse seizes any opportunity to enhance health education, building on spontaneous events as they arise.
3. Persistence	When a student or staff member has difficulty achieving health goals, the school nurse either gives up or blames the student or the environment for the student's lack of success.	School nurse accepts responsibility for the success of all students/staff but has only a limited repertoire of strategies to use.	School nurse persists in seeking approaches for students/staff who have difficulty achieving health goals. A moderate repertoire of strategies is utilized.	School nurse persists in seeking effective approaches for student/staff who need assistance using an extensive repertoire of strategies and soliciting additional resources from the school.
4. Confidentiality	School nurse is not alert to issues of confidentiality.	School nurse efforts to maintain confidentiality are inconsistent.	School nurse is consistent in maintaining confidentiality.	School nurse is highly proactive in maintaining confidentiality.



Component 3F: Health Services Protocol, Policies and Procedures

1. Knowledge of Health Services Protocol, Policies and Procedures	School nurse displays minimal knowledge of Stillwater Area Public Schools health services protocol, policies and procedures.	School nurse displays generally accurate knowledge of Stillwater Area Public Schools health services protocol, policies and procedures and utilizes them fairly consistently.	School nurse displays thorough knowledge of Stillwater Area Public Schools health services protocol, policies and procedures and utilizes them consistently.	School nurse displays thorough knowledge of Stillwater Area Public Schools health services protocol, policies and procedures and utilizes them consistently. School nurse evaluates the effectiveness of these guidelines on an on-going basis and proposes changes as indicated.
2. Medication Administration	Medication is administered without regard to district policy, or State of Minnesota statutes.	Medications are administered by the school nurse or designed individual(s) who have completed training in medication administration.	Medications are administered by school nurse or qualified personnel. Signed medical release forms are on file.	Medications are administered adhering to all district policy and Minnesota legal statutes. Students assume an active role in medication compliance as developmentally appropriate.

Domain IV: Professional Responsibilities

Component 4A: Reflecting on Professional Practice and Nursing Process

1. Professional Practice MN Board of Nursing	School nurse exhibits a lack of knowledge regarding the MN Nurse Practice Act.	School nurse is aware of the Nurse Practice Act and adheres to MN Board of Nursing Standards and Regulations.	School nurse is aware of the Nurse Practice Act and adheres to MN Board of Nursing Standards and Regulations. Duties are delegated as appropriate only.	School nurse adheres to Nurse Practice Act and MN Board of Nursing regulations. Delegation of duties is appropriate. Also takes leadership role in promoting practice of school nursing.
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Component 4A: Reflecting on Professional Practice and Nursing Process (continued)

2. Effectiveness	School nurse does not know if nursing process was effective or achieve its goals, or profoundly misjudges the success for the health plan.	School nurse has a generally accurate impression of nursing process effectiveness and the extent to which health plan goals were met.	School nurse makes an accurate assessment of nursing process effectiveness and the extent to which it achieved its goals and can cite outcomes to support judgment.	School nurse makes a thoughtful and accurate assessment of nursing process effectiveness and the extent to which it achieve its goals, citing many specific examples from the health plan and weighing the outcomes of each.
3. Use in Future Health Planning	School nurse has no suggestions for how a health plan may be improved another time.	School nurse makes general suggestions about how a health plan may be improved.	School nurse makes suggestions of what may be tried another time to achieve specific goals or outcomes for an individual.	Drawing on an extensive repertoire of skills, the school nurse offers specific alternative actions, complete with probable success or different approaches, individual goals are realized.

Component 4B: Maintaining Accurate Records

1. Student Health Records/Health Plans	School nurses system for maintain health information on student is in disarray or incomplete.	School nurse system for maintaining health information on student is rudimentary and only partially effective.	School nurse system for maintaining health information on student is fully effective and complete.	School nurse system for maintaining health information on student is fully effective. Students contribute information for the maintenance of their records and participate in health plan and development.
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Component 4B: Maintaining Accurate Records (continued)

<p>2. Student Progress is Health Plan or 504 Plan</p>	<p>School nurse has no system for maintaining information on student progress in a health/504 plan, or the system is in disarray.</p>	<p>School nurse adheres to the school's required procedures for communicating to parents/guardians/staff. Responses to parent/staff concerns are minimal.</p>	<p>School nurse communicates with parents/guardians and appropriate staff and agencies about student's progress on a regular basis and responds to parent/staff concerns in a timely and appropriate manner</p>	<p>School nurse provides information to parents/guardians, appropriate staff and agencies frequently reflecting on both positive and negative aspects of student progress. Response to parent/staff concerns is handled with great sensitivity.</p>
<p>3. Health Plan Development</p>	<p>School nurse makes no attempt to engage families in the health plan; development of such attempts are inappropriate.</p>	<p>School nurse makes modest and inconsistently successful attempts to engage families in the health plan development.</p>	<p>School nurse efforts to engage families in the health plan development are frequent and successful.</p>	<p>School nurse efforts to engage families in the health plan development are frequent and successful. Students and staff contribute ideas for health plans/projects that will be enhanced by family and community participation.</p>