

**Lewis Central Community Schools**

**EVALUATION FORM**

**NAME:**

**TITLE:** Health Associate

**QUALIFICATIONS:**

1. High School diploma
2. Ability to work with a variety of technologies
3. Ability to work effectively with a variety of people.
4. Ability to work harmoniously with students, school personnel and parents.
5. One to two years experience working with children preferred.
6. Such alternatives to the above qualifications as the Board may find appropriate and acceptable.
7. Certificate of good health.

**REPORTS TO:** Principal

**JOB GOAL:** To work directly with students to increase student achievement, appropriately uses student assessments, and assists teachers in creating an enriched environment that is brain compatible. Assists in case of student illness or injury.

**TERMS OF EMPLOYMENT:** Terms of contract and salary to be determined by Board. Days and hours to be established by the, building principal.

**EVALUATION:** Performance of this job will be evaluated annually.

*Meets*                      *Needs*  
Expectations          Emphasis

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Demonstrates patience and compassion in performing daily first aid.                      |
| _____ | _____ | 2. Promotes development of social, emotional and academic skills in students.               |
| _____ | _____ | 3. Attends staff development activities and uses this information in working with students. |
| _____ | _____ | 4. Follows health plans of students.  |
| _____ | _____ | 5. Informs parents, staff and administration as appropriate of health issues of students.   |
| _____ | _____ | 6. Dispenses prescription medication to students daily as prescribed.                       |

**Meets**  
**Expectations**

**Needs**  
**Emphasis**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 7. Maintains student health records with assistance from district nurse.  |
| _____ | _____ | 8. Screens for head lice and other health concerns and contacts parents when a child needs further medical attention.   |
| _____ | _____ | 9. Is confidential regarding student information.   |
| _____ | _____ | 10. Demonstrates loyalty to the organization, personal integrity and honesty.   |
| _____ | _____ | 11. Communicates effectively and in a timely manner with principal, students, teachers, office and parents.             |
| _____ | _____ | Attendance.   |
| _____ | _____ | Punctuality   |
| _____ | _____ | Dependability   |
| _____ | _____ | Relationship with other personnel   |
| _____ | _____ | Relationship with Students  |
| _____ | _____ | Relationship with Public  |
| _____ | _____ | Quality of work   |
| _____ | _____ | Participates effectively as a team member.  |
| _____ | _____ | Demonstrates positive attitude such as smiling, eye contact and willingness to assist students, colleagues and parents. |
| _____ | _____ | School Ethics (Confidentiality, Loyalty)  |
| _____ | _____ | Accepts responsibility for actions and consequences.  |
| _____ | _____ | Dresses appropriately for work responsibility.  |
| _____ | _____ | Practices good personal grooming habits.  |

**EVALUATION SUMMARY**

I believe that this employee's major strong points are:

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

I believe the following areas need improvement:

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

I have read this evaluation and have had a conference with the evaluator \_\_\_\_\_ Yes \_\_\_\_\_ No

I agree with the evaluator. \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, with what specific statement(s) do you disagree?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Evaluator

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of

Employee: \_\_\_\_\_ Date: \_\_\_\_\_