

Mathews Local School District
Nurse Observation Checklist

Name: _____

Building: _____

I. Clinic Observation: Date _____ Time: _____

_____ Handling emergency

_____ Stocking supplies

_____ Working with parents

_____ Working with students

_____ Record Updating

_____ Working with staff

_____ Other _____

II. Nurse Qualities:

A. Performance of Nurse

O S NI U

1. Effective clinic use _____

2. Pupil's emergency needs met _____

3. Knowledge of first aid _____

4. Knows and uses district emergency plan _____

5. Accepts assigned responsibility _____

6. Other _____

B. Clinic Management

1. Clinic is organized for good use _____

2. Records are accurate and up to date _____

3. Supplies are fresh and in stock _____

4. Clinic is clean and attractive _____

5. Routine is established _____

C. Professional Qualities

1. Is punctual _____

2. Cooperates with staff _____

3. Cooperates with administration _____

4. Records and reports are kept up to date _____

5. Maintains DASL student medical records _____

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| | O | S | NI | U |
|--|-------|-------|-------|-------|
| 6. Knows and follows school Board policies and procedures | _____ | _____ | _____ | _____ |
| 7. Knows and follows administrative policies, building regulations, and supplemental contract policies | _____ | _____ | _____ | _____ |
| 8. Works cooperatively with parents | _____ | _____ | _____ | _____ |
| 9. Fosters good school/community relations | _____ | _____ | _____ | _____ |
| D. Personal Qualities | | | | |
| 1. Personal appearance is conducive to the educational process | _____ | _____ | _____ | _____ |
| 2. Displays positive attitude toward school environment | _____ | _____ | _____ | _____ |
| 3. Demonstrates effective written and oral communication | _____ | _____ | _____ | _____ |

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Directions: Comments in each area are to be written in by the appraiser, and compiles from the Observation Checklist.

II. Nurses Qualities

A. Performance of Nurse: _____

Recommendations: _____

B. Clinic Management: _____

Recommendations: _____

C. Professional Qualities: _____

Recommendations: _____

D. Personal Qualities: _____

Recommendations: _____

E. General Comments: _____

Overall Rating (Check One): Outstanding Satisfactory
 Needs Improvement Unsatisfactory

Date of Conference: _____

Appraiser's Signature: _____

To Be Checked By the Nurse: I concur with the Appraisal I do not concur

The Nurse has the right to attach comments to the Appraisal.

Nurse's Signature _____ Date _____