

Form E: Summative Evaluation Form for Certified School Nurse

Name: _____ School: _____ Date: _____

Status: Part-Time 1st Year 2nd Year 3rd Year 4th Year Tenure
 (Temporary) (Probation) (Probation) (Probation) (Probation)

Domain 1 - Planning and Preparation	Unsatisfactory	Needs Improvement	Proficient	Excellent
1a: Demonstrating medical knowledge and skill in nursing techniques				
1b: Demonstrating knowledge of child and adolescent development				
1c: Establishing goals for the nursing program appropriate to the setting and the students served				
1d: Demonstrating knowledge of government, community, and district regulations and resources				
1e: Planning the nursing program for both individuals and groups of students, integrated with the regular school program				
1f: Developing a plan to evaluate the nursing program				
OVERALL PERFORMANCE IN AREA				

Comments:

Domain 2 - Classroom Environment	Unsatisfactory	Needs Improvement	Proficient	Excellent
2a: Creating an environment of respect and rapport				
2b: Establishing a culture for health and wellness				
2c: Following health protocols and procedures				
2d: Supervising health associates				
2e: Organizing physical space				

OVERALL PERFORMANCE IN AREA				
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Comments:

Domain 3 - Instruction	Unsatisfactory	Needs Improvement	Proficient	Excellent
3a: Assessing student needs				
3b: Administering medications to students				
3c: Promoting wellness through classes or classroom presentations				
3d: Managing emergency situations				
3e: Demonstrating flexibility and responsiveness				
3f: Collaborating with teachers to develop specialized educational programs and services for students with diverse medical needs				
OVERALL PERFORMANCE IN AREA				

Comments:

Domain 4 - Professional Responsibilities	Unsatisfactory	Needs Improvement	Proficient	Excellent
4a: Reflecting on practice				
4b: Maintaining health records in accordance with policy and submitting reports in a timely fashion				
4c: Communicating with families				
4d: Participating in a professional community				
4e: Engaging in professional development				
4f: Showing professionalism				

OVERALL PERFORMANCE IN AREA																
Comments:																
V. Composite Evaluation of Areas I, II, III and IV																
VI. Comments (Strengths, Concerns, Recommendations and Signatures)																
Certified School Nurse Final Summative Rating: _____ Unsatisfactory _____ Needs Improvement _____ Proficient _____ Excellent																
<table border="0"> <thead> <tr> <th data-bbox="84 1402 1117 1438">Certified School Nurse Recommendation:</th> <th data-bbox="1117 1402 1312 1438">Yes</th> <th data-bbox="1312 1402 1576 1438">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="84 1465 1117 1522">1. Recommend for continued employment</td> <td data-bbox="1117 1465 1312 1522"><input type="checkbox"/></td> <td data-bbox="1312 1465 1576 1522"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="84 1533 1117 1589">2. Recommend for continued employment with annual evaluation</td> <td data-bbox="1117 1533 1312 1589"><input type="checkbox"/></td> <td data-bbox="1312 1533 1576 1589"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="84 1600 1117 1656">3. Recommend remediation status</td> <td data-bbox="1117 1600 1312 1656"><input type="checkbox"/></td> <td data-bbox="1312 1600 1576 1656"><input type="checkbox"/></td> </tr> </tbody> </table>					Certified School Nurse Recommendation:	Yes	No	1. Recommend for continued employment	<input type="checkbox"/>	<input type="checkbox"/>	2. Recommend for continued employment with annual evaluation	<input type="checkbox"/>	<input type="checkbox"/>	3. Recommend remediation status	<input type="checkbox"/>	<input type="checkbox"/>
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Signature of Nurse _____ Date _____

Signature of Evaluator _____ Date _____

Moline School District No. 40
Summative Evaluation Form for Certified School Nurse

Probationary Nurse Recommendation

	YES	NO
1. Recommend for second year of probation (Includes full-time certified school nurse employed prior to November 1)	<input type="checkbox"/>	<input type="checkbox"/>
2. Recommend for third year of probation	<input type="checkbox"/>	<input type="checkbox"/>
3. Recommend for fourth year of probation	<input type="checkbox"/>	<input type="checkbox"/>
4. Recommend for tenure	<input type="checkbox"/>	<input type="checkbox"/>
5. Full time temporary contract but would recommend consideration for re-employment	<input type="checkbox"/>	<input type="checkbox"/>
6. Part-time temporary contract but would recommend consideration for re-employment	<input type="checkbox"/>	<input type="checkbox"/>

Formative Observations Completed by:

Name: _____ Date of Observation: _____

Name: _____ Date of Observation: _____

Name: _____ Date of Observation: _____

Principal/Administrator

Date of Conference

I have seen this evaluation and received a signed copy.

Certified School Nurse's Signature

Date

Form F: Professional Development Planning Form for Certified School Nurse

Nurse Name: _____

Evaluator Name: _____

Date of Receipt of Final Summative Evaluation: _____

Domain(s) in which “Needs Improvement” is indicated (circle all that apply):

Domain 1

Domain 2

Domain 3

Domain 4

Improvement Template

Specific component(s) and element(s) of concern	
Expectations of nurse to rectify concerns	
Suggestions for addressing the evaluator’s expectations	
Supports and resources to assist nurse in meeting the evaluator’s expectations	
Evidence that will be accepted that expectations are met	
Additional evaluator comments	

Chart may be expanded as needed.

Nurse Signature:

(Name)

(Date)*

Evaluator Signature:

(Name)

(Date)*

Signatures reflect that the meeting was held by the appropriate deadline and that the plan will be implemented. Nurses and evaluators are expected to mutually agree to the plan. In the event that they are not able to come to an agreement, the evaluating administrator reserves the right to direct the activities required of the nurse. The nurse is expected to sign the plan but may provide a written attachment for their file indicating areas in which they disagree with the evaluating administrator.

*Must be within 30 school days of receipt of final summative evaluation.