

LAKEWOOD PUBLIC SCHOOLS
School Nurse
FORMAL OBSERVATION SUMMARY FORM

Teacher _____ Grade/Subject _____

School _____ Tenured _____ Non-Tenured _____

Date of Observation _____ Pre-Observation Conference Date: _____

Post Conference Date _____ Evaluator _____

SUMMARY

Objective:

Summary:

OBSERVATION SCORING SUMMARY FORM

Indicate the overall rating for each Domain as [D] Distinguished, [P] Proficient, [B] Basic, [U]Unsatisfactory.

Domain 1: Planning and Preparation _____

Domain 3: Instruction _____

Domain 2: The Classroom Environment _____

Domain 4: Professional Responsibilities _____

Signatures

Print Observer/Title

Signature of Observer/Title

Print Nurse

***Signature of School Nurse**

Print Witness

****Signature of Witness**

Date

*Signature of employee indicates receipt of evaluation and does not indicate approval or disapproval.

Teacher's Initials: _____ Date: _____

Evaluator's Initials: _____ Date: _____

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** Witness signature may be needed in particular circumstances.

DOMAIN 1: PLANNING AND PREPARATION

COMPONENT	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
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				
DOMAIN 1 TOTAL				

Domain 1 PLANNING AND PREPARATION COMMENTS:
EVIDENCE

RECOMMENDATION:

DOMAIN 2: THE CLASSROOM ENVIRONMENT

COMPONENTS	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
2a Creating an environment of respect and rapport				
2b: Establishing a culture for health and wellness				
2c: Following health protocols and procedures				
2d: Organizing physical space				
DOMAIN 2 TOTAL				

Domain 2 THE CLASSROOM ENVIRONMENT COMMENTS:
EVIDENCE

RECOMMENDATION:

Teacher's Initials: _____ Date: _____

Evaluator's Initials: _____ Date: _____

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DOMAIN 3: INSTRUCTION

COMPONENTS	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
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				
Domain 3 TOTAL				

Domain 3 INSTRUCTION COMMENTS:
EVIDENCE

RECOMMENDATION:

DOMAIN 4: PROFESSIONAL RESPONSIBILITIES

COMPONENTS	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
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: Relationships with colleagues				
DOMAIN 4 TOTAL				

Domain 4 PROFESSIONAL RESPONSIBILITIES COMMENTS:
EVIDENCE

RECOMMENDATION:

Teacher's Initials: _____ Date: _____

Evaluator's Initials: _____ Date: _____

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School Nurse Comments:

Pre-Observation Conference Date:

Observation Date:

Post-Observation Conference Date:

Date Given To Staff Member:

Attendance Data for School Year 2014 – 2015

Sick: Personal: Professional:

Years in District: Accrued Sick Leave: Accrued Personal Leave:

Evaluator's Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

(signature does not necessarily indicate agreement with the observation report, only that the report was read and discussed with the evaluator).

Principal's Signature: _____ Date: _____

Received by the Human Resource Department on: _____

Teacher's Initials: _____ Date: _____

Evaluator's Initials: _____ Date: _____