School Nurse Pre-Observation Questionnaire

Employee: _____ **Subject Area Observed:** _____

Grade Level: _____ **Observation Stop Time:** _____

Administrator: _____ **Observation Start Time:** _____

Date: _____

Directions: Please provide a one- or two-sentence response to each of the following questions, and either e-mail the form to your evaluator or bring this sheet with you to the pre-observation conference. Also, please attach any lesson plans, activity sheets, or other information that will help clarify the lesson.

1. How will the nursing program and resources support student learning?

2. How have you created an environment for improved quality of health and wellness services you deliver?

3. Describe the goals for your nursing program. How do they fit into the school's goals for improvement?

4. Discuss how you have organized the overall structure, pacing and materials within your lesson/service delivery to engage students/staff in the learning process. What are the specific learning goals for this session?

5. What information will you collect to assess student progress and well-being?

6. What other information do you want to share about the observation session? (i.e. student behavior/interactions, cognitive skills, etc.)

7. What would you like me to observe specifically during the lesson/delivery of service (goals)?