

Central Unified School District

(Article 11.5)

EVALUATION OF DISTRICT SCHOOL NURSE PERFORMANCE

Name: _____ Date: _____

School: _____ Assignment: Preschool K-6 7-8 9-12 District

Status: _____ Permanent _____ Probationary 2 _____ Probationary 1 _____ Temporary

STANDARD 1 – Assesses Pupil Progress towards Expected Achievement

Emerging/Exploring	Applying	Integrating/Innovating	
			1.1 Reviews student health data for compliance with State, County, and District health regulations.
			1.2 Collects and uses multiple sources of information to assess student health status.
			1.3 Uses assessment and screening results to adjust and guide health intervention strategies including appropriate health referrals to medical providers and/or community resources.
			1.4 Communicates effectively with students, staff and families about student health concerns.
			1.5 Administers required assessments, completes mandated reports and records data accurately.

STANDARD 2 – Uses Professional Techniques and Strategies

Emerging/Exploring	Applying	Integrating/Innovating	
			2.1 Uses a variety of assessment and case management strategies to meet student needs.
			2.2 Effectively relates student health status and the student's ability to learn to parents/students/staff.
			2.3 Manages medication administration and specialized procedures in compliance with district and state policies.
			2.4 Develops and manages Individual Health Care Plans to facilitate students with special needs into school.
			2.5 Collaborates with student/parent/medical provider to transition ill and injured students into the school setting.
			2.6 Maintains appropriate standards of confidentiality and privacy in health areas.

STANDARD 3 – Demonstrates Adherence to Health Program Objectives

Emerging/Exploring	Applying	Integrating/Innovating	
			3.1 Demonstrates knowledge of school health law and health and safety regulations.
			3.2 Establishes and maintains standards of school health practice.
			3.3 Maintains accurate and complete health files in each student's cumulative health records.
			3.4 Oversees mandated health related services such as Immunization programs, Communicable disease surveillance, CHDP programs and mandated vision, hearing, scoliosis and dental screening
			3.5 Ensures department health policies and procedures are followed and maintained.

STANDARD 4 – Maintains Health Office Climate and Operations

Emerging/Exploring	Applying	Integrating/Innovating	
			4.1 Provides a health office environment that is professional, positive and productive.
			4.2 Provides appropriate medical supervision and delegation to unlicensed personnel.
			4.3 Provide appropriate nursing care to ill and injured students based on the standards of school nursing.
			4.4 Establishes a health office climate that promotes inclusion, mutual respect, consistency and fairness.
			4.5 Maintains systematic documentation of health office visits, procedures and care.

STANDARD 5 – School Nurse as Health Educator and Counselor

Emerging/Exploring	Applying	Integrating/Innovating	
			5.1 Provides appropriate health education and disease prevention principles to students, staff and parents.
			5.2 Serves as health advocate to parents, students, school and community to increase school wellness.
			5.3 Provides staff development on health related issues to district and school site staff as needed.
			5.5 Provides procedural training and supervision for medication administration and specialized health procedures to unlicensed personnel as needed.
			5.6 Provides individual health and crisis counseling to students and staff and makes appropriate referrals.

STANDARD 6 – Professional Growth and Responsibilities

Emerging/Exploring	Applying	Integrating/Innovating	
			6.1 Establishes professional goals and pursues opportunities to grow professionally in the school nurse practice.
			6.2 Works with colleagues to improve professional practice.
			6.3 Work with families and communities to improve professional practice.
			6.4 Balances professional responsibilities to maintain motivation in professional role.
			6.5 Demonstrates professional image in appearance and attitude.
			6.6 Meets assigned district responsibilities and completes mandated reports within deadlines.

COMMENTS TO THE FOLLOWING MAY BE ANSWERED ON A SEPARATE SHEET OF PAPER IF NECESSARY.

Adjunct Duties and/or Additional Activities that supports student progress:

Commendations:

Professional Growth Activities:

Suggestion(s) to enhance professional development:

- 1.
- 2.
- 3.
- 4.

Acknowledgement

In accordance with Article 11.6: Within ten (10) working days subsequent to the observation, an evaluation conference shall be scheduled between the unit member and the evaluator. At the conference the evaluator will present a copy of the written evaluation to the unit member and discuss it. The unit member shall sign the evaluation signifying only that he/she has read the document, and has been provided the opportunity of attaching a written response which shall become a part of the permanent record. If deficiencies are noted by the evaluator, he/she shall provide specific recommendations to remedy the noted deficiencies. Any employee who received a negative evaluation may request another observation and subsequent evaluation to be conducted at a mutually acceptable time; however, the teacher may request a second evaluation by another administrator determined by the District. Nothing in this section or paragraph shall invalidate the evaluation from the employee's immediate supervisor.

Initial (Nurse)

Initial (Evaluator)

<u>Permanent</u>	<u>Probationary/Temporary</u>
<input type="checkbox"/> Employee to be placed on Support Plan, as per Article 11.11 <input type="checkbox"/> Employee to be placed in PAR per Article 11.11	<input type="checkbox"/> I recommend this employee be granted permanent status <input type="checkbox"/> I recommend this employee be retained in probationary status subject to final probationary evaluation <input type="checkbox"/> I do not recommend this employee for permanent status

Evaluator Print Name

Date

*Evaluator's Signature

Date

Employee Print Name

Date

*Employee's Signature

Date

A copy of this evaluation will be placed in your personnel file. You have the right to respond and your response will be attached to your evaluation.

**Signature does not necessarily indicate agreement with the contents of this evaluation. Reaction or written response may be attached.*