**Las Virgenes Unified School District**

 **SCHOOL NURSE**

**PERFORMANCE EVALUATION**

NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OBSERVATION DATES:

CONFERENCE DATES:

STATUS: Temporary ☐ Probationary (1 YR.) ☐ Probationary (2 YR.) ☐ Permanent ☐

**4. EXEMPLARY- EXCEEDS STANDARDS**

**3. SATISFACTORY - MEETS STANDARDS**

**2. NEEDS IMPROVEMENT – IMPROVEMENT NEEDED TO MEET STANDARDS (Evaluator Statement Required)**

**1. UNSATISFACTORY - DOES NOT MEET STANDARDS (Evaluator Statement Required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I. QUALITY OF PRACTICE** | 4 | 3 | 2 | 1 |
| A. Implements school-based disease state management programs (ie., diabetes and asthma) | ☐ | ☐ | ☐ | ☐ |
| B. Interprets medical and health information to SST, IEP and 504 teams | ☐ | ☐ | ☐ | ☐ |
| C. Coordinates and conducts mandated health screenings | ☐ | ☐ | ☐ | ☐ |
| D. Monitors disease patterns with input from health clerks and public health departments to prevent the spread of communicable diseases | ☐ | ☐ | ☐ | ☐ |
| E. Educates and works with staff to ensure a safe level of health services are provided. | ☐ | ☐ | ☐ | ☐ |

EVALUATOR’S COMMENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **II. EDUCATION** | 4 | 3 |  2 |  1 |
|  A. Implements and/or create training programs for school health clerks. | ☐ | ☐ | ☐ | ☐ |
| B. Provides first aid/CPR training for district staff. |  |  |  |  |
| C. Serves as a resource to staff on student health related issues. | ☐ | ☐ | ☐ | ☐ |

EVALUATOR’S COMMENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **III. LEADERSHIP** | 4 |  3 |  2 |  1 |
| A. Assists in the development of and ensures compliance with District Health policies and  procedures | ☐ | ☐ | ☐ | ☐ |
| B. Participates in the formation of recommendations for board policy in the area of health and welfare | ☐ | ☐ | ☐ | ☐ |
| C. Monitors the district health clerks and LVNs related to medical procedures | ☐ | ☐ | ☐ | ☐ |
| D. Provides leadership in interpreting current laws affecting the health of school students | ☐ | ☐ | ☐ | ☐ |

EVALUATOR’S COMMENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **IV. COLLABORATION** | 4 |  3 |  2 |  1 |
| A. Collaborates effectively with school site personnel | ☐ | ☐ | ☐ | ☐ |
| B. Collaborates effectively with parents and the community | ☐ | ☐ | ☐ | ☐ |
| C. Collaborates with administrators, medical providers and community agencies about policies,  Procedures, program development and services | ☐ | ☐ | ☐ | ☐ |
| D. Collaborates on the selection, and evaluation of personnel directly responsible to the district nurse | ☐ | ☐ | ☐ | ☐ |

EVALUATOR’S COMMENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **V. RESOURCE UTILIZATION**  | 4 |  3 |  2 |  1 |
| A. Refers pupil and parents to appropriate community resources for necessary services | ☐ | ☐ | ☐ | ☐ |

EVALUATOR’S COMMENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VI. Program Management** | 4 |  3 |  2 |  1 |
| A. Provides age appropriate assessments to collect, analyze and identify outcomes for Individualized  Educational Plans | ☐ | ☐ | ☐ | ☐ |
| B. Designs and implements student health care plans | ☐ | ☐ | ☐ | ☐ |
| C. Develops and maintains effective health record protocols | ☐ | ☐ | ☐ | ☐ |
| D. Facilitates management of communicable disease | ☐ | ☐ | ☐ | ☐ |

EVALUATOR’S COMMENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **VII. COMMUNICATION** | 4 | 3 |  2 |  1 |
| A. Interprets and communicates health information to students, parents, staff and the community | ☐ | ☐ | ☐ | ☐ |

EVALUATOR’S COMMENTS:

**Re-Employment Recommendation:**

 **Permanent Employee:** **Temporary/Probationary Employee:**

☐ Retain ☐ Retain But Must Show Improvement ☐ Recommended ☐ Not Recommended (Assistance Plan Required)

☐ Do Not Retain ☐ N/A

Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

This report has been discussed with me in conference with the evaluator. An opportunity has been extended to me to append comments regarding this evaluation. A SIGNATURE ON THIS EVALUATION DOES NOT NECESSARILY SIGNIFY AGREEMENT WITH THE EVALUATION.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: