

**WEST BATON ROUGE PARISH SCHOOL SYSTEM  
SCHOOL NURSE EVALUATION**

School Nurse \_\_\_\_\_

Location \_\_\_\_\_

Evaluator \_\_\_\_\_

Date \_\_\_\_\_

Years in Position 0-3  4+

Directions: The evaluator is to indicate the appropriate rating of each major topic by placing a **circle** around the **S, NI, or U**. The evaluator shall then **mark** each item under the major headings using (S) to denote satisfactory performance, (NI) to denote needs improvement, or (U) to denote unsatisfactory performance.

**PERFORMANCE RESPONSIBILITIES**

**A. PLANNING**..... **S NI U**

- Collects, evaluates, and interprets cumulative health data to identify and plan for health needs — — —
- Identifies, plans, and implements student individualized health plans — — —
- Orders and maintains supplies as needed — — —

**B. WELLNESS AND CONTROL OF COMMUNICABLE DISEASES**..... **S NI U**

- Assists in the development of policy and procedures to enhance employee wellness — — —
- Assists in the development of policy and procedures for control of non-vaccine preventable problems — — —
- Assists in the control of communicable diseases through preventative immunization programs, early detection, surveillance and reporting — — —
- Provides school personnel, students, and parents with current information about disease recognition, treatment, and prevention — — —
- Takes appropriate precautions to protect students, equipment, materials and facilities — — —
- Maximizes the amount of time available for providing health services — — —
- Maintains accurate, complete and correct records — — —
- Provides in-service to staff on health-related topics — — —
- Administers appropriate diagnostic and screening tests, including vision and hearing, CPR and first aid — — —
- Refers students with suspected needs to appropriate health agencies and prepares the student for the examination — — —

**C. CONSULTATION** ..... **S NI U**

- Consults with appropriate staff and/or agencies on behalf of the student health issues — — —
- Provides opportunities for administrators, teachers, and parents to discuss concerns related to health issues — — —
- Maintains and fosters confidentiality in regard to information concerning students — — —
- Participates in the Crisis Team at assigned school(s) — — —

**D. INSTRUCTION** ..... **S NI U**

- Prepares materials and conducts training relative to health services — — —
- Provides opportunities for student involvement in the therapeutic process — — —
- Presents appropriate content when delivering classroom instruction — — —
- Delivers instruction effectively — — —
- Integrates technology into health services when appropriate — — —

- Implements a program of appropriate goals and objectives for health services — — —
- Utilizes knowledge of health issues and clinical methodologies — — —
- Utilizes knowledge of growth and development — — —

**E. PROFESSIONAL GROWTH AND DEVELOPMENT**..... **S NI U**

- Displays evidence of professional growth and participation in in-service sessions — — —
- Demonstrates an awareness of current trends in school nursing — — —
- Provides in-service to school staff upon request — — —
- Plans for professional self-development — — —

**F. PERSONAL TRAITS**..... **S NI U**

Exhibits:

- Poise, self-confidence, enthusiasm and optimism — — —
- Punctuality — — —
- Dependability — — —
- Acceptable speech and grammar — — —
- Effective communication with students, parents, and other adults — — —
- Discreet handling of confidential information — — —
- Use of suggestions for improvement — — —
- Flexibility — — —

SCHOOL NURSE'S PERFORMANCE AT THIS TIME IS:

Satisfactory \_\_\_\_\_ Needs Improvement \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

PROGRESS TOWARD ACHIEVEMENT OF THE PROFESSIONAL GROWTH PLAN IS:

Minimal \_\_\_\_\_ Satisfactory \_\_\_\_\_ Has reached completion \_\_\_\_\_

EVALUATOR'S NARRATIVE COMMENTS: (Attach supplemental sheet if necessary)

EVALUATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL NURSE'S COMMENTS: (Attach supplemental sheet if necessary)

SCHOOL NURSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

My signature indicates that I have read the results of the evaluation, but does not indicate agreement or disagreement with the rating or comments.

