

Nurse _____ Date(s) of observations _____
 School _____ Assignment _____ Employee Number _____

INSERT A WHOLE NUMBER, NOT AN "X" OR "y"!
 DO NOT INSERT MORE THAN ONE NUMBER IN A ROW.

See RUBRIC for detailed definitions. Insert ONE of the following: 1 = Ineffective; 2 = Needs Improvement;
 3 = Effective; 4 = Highly Effective; 5 = Superior; N/A = Not Applicable; N/O = Not Observed

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Average

PROGRAM MANAGEMENT.....

#DIV/0!

| | | | | | | |
|---|--|--|--|--|--|--|
| 1 | Establishes a school health program within a goal-based program schedule. | | | | | |
| 2 | Collaboration is the fundamental key for the successful delivery of health services. | | | | | |
| 3 | The Nurse optimizes the physical environment to assure efficacy student health and safety advantages in alignment with best practices. | | | | | |
| 4 | The Nurse clearly defines expected student behavior. | | | | | |

NOTE: N/A or N/O cannot be used for Domains with a single Indicator;
 use 1, 2, 3, 4, or 5 ONLY.

INSTRUCTIONAL SKILLS.....

0.0

| | | | | | | |
|---|--|--|--|--|--|--|
| 5 | Aligns health education needs with a health education curricula and educational focus. | | | | | |
|---|--|--|--|--|--|--|

PROFESSIONAL SERVICES.....

#DIV/0!

| | | | | | | |
|---|--|--|--|--|--|--|
| 6 | The Nurse utilizes assessment patterns that are fairly administered and based on identified criteria. | | | | | |
| 7 | Produce, maintain, supervise and appropriately delegate development of health records based on District and State standards. | | | | | |
| 8 | Provides the spectrum of nursing services with consistency and efficacy. | | | | | |

PROFESSIONAL GROWTH AND CONTINUOUS IMPROVEMENT.....

#DIV/0!

| | | | | | | |
|----|--|--|--|--|--|--|
| 9 | Uses Professional Growth as a Continuous Improvement Strategy. | | | | | |
| 10 | Exhibits behaviors and efficiencies associated with professionalism. | | | | | |

NOTE: N/A or N/O cannot be used for Domains with a single Indicator;
 use 1, 2, 3, 4, or 5 ONLY.

INTERPERSONAL SKILLS.....

0.0

| | | | | | | |
|----|--|--|--|--|--|--|
| 11 | Effective interactions and communications with stakeholders. | | | | | |
|----|--|--|--|--|--|--|

LEADERSHIP.....

0.0

| | | | | | | |
|----|------------|--|--|--|--|--|
| 12 | Leadership | | | | | |
|----|------------|--|--|--|--|--|

Summary of Effectiveness by DOMAIN:

| | Average | Weight of Domain by Percentage |
|--|---------|--------------------------------|
| PROGRAM MANAGEMENT | #DIV/0! | 35% |
| INSTRUCTIONAL SKILLS | 0.0 | 10% |
| PROFESSIONAL SERVICES | #DIV/0! | 35% |
| PROFESSIONAL GROWTH AND CONTINUOUS IMPROVEMENT | #DIV/0! | 10% |
| INTERPERSONAL SKILLS | 0.0 | 5% |
| LEADERSHIP | 0.0 | 5% |

| | |
|---|----------------|
| COMPOSITE, WEIGHTED AVERAGE for EVALUATION | #DIV/0! |
|---|----------------|

NOTE:

| From: | To: | Ranking |
|------------------------------|---------------------|-------------------|
| Less than 1.8 | | Ineffective |
| Equal to or greater than 1.8 | Less than 2.8 | Needs Improvement |
| Equal to or greater than 2.8 | Less than 3.8 | Effective |
| Equal to or greater than 3.8 | Less than 4.8 | Highly Effective |
| Equal to or greater than 4.8 | | Superior |

Any ranking of 1.0 or 2.0 on any component of this Evaluation requires a Personal Development Plan to be attached to this document.
 Any ranking of 4.0 or 5.0 on any component on this Evaluation requires narrative comments within the Evaluator Comments below.

Evaluator Comments:

Nurse's Signature* _____ Date _____

Evaluator's Signature _____ Date _____

*The Nurse's Signature is an acknowledgement that the nurse has received the Evaluation on the date indicated.