

LONGVIEW INDEPENDENT SCHOOL DISTRICT

SCHOOL NURSE EVALUATION

Name _____

Date of Evaluation _____

Campus _____

The Nurse Evaluation Form shall be completed by the principal or principal's designee.

Circle the appropriate level of performance for each evaluation item.

0—Non-applicable 1—Unsatisfactory 2—Below Expectations
 3—Satisfactory 4—Exceeding Expectations 5—Clearly Outstanding

**Principal's
Evaluation**

I. Knowledge of Subject Matter & Student Development

- | | | | | | | |
|--|---|---|---|---|---|---|
| a. demonstrates knowledge and skills in health appraisal and techniques | 0 | 1 | 2 | 3 | 4 | 5 |
| b. provides for individual student needs | 0 | 1 | 2 | 3 | 4 | 5 |
| c. serves as a resource person in special areas of expertise to school faculty and other staff | 0 | 1 | 2 | 3 | 4 | 5 |

II. Professional Responsibilities

- | | | | | | | |
|---|---|---|---|---|---|---|
| a. conducts screenings of students to detect physical and sensory problems that may affect health or learning | 0 | 1 | 2 | 3 | 4 | 5 |
| b. makes necessary referrals & appropriate decisions | 0 | 1 | 2 | 3 | 4 | 5 |
| c. is thorough, accurate and prompt in attention to records & reports related to assignment | 0 | 1 | 2 | 3 | 4 | 5 |
| d. provides first aid treatment, both physical & emotional, in a manner supportive to students, parents & teachers | 0 | 1 | 2 | 3 | 4 | 5 |
| e. conducts necessary assessments for child abuse, negligence, and communicable disease & reports findings to appropriate personnel | 0 | 1 | 2 | 3 | 4 | 5 |
| f. serves as a liaison between parents, children and staff by aiding in identifying health problems and implementing health resources | 0 | 1 | 2 | 3 | 4 | 5 |
| g. provides health counseling for students, parents, and staff | 0 | 1 | 2 | 3 | 4 | 5 |
| h. participates in inservice | 0 | 1 | 2 | 3 | 4 | 5 |
| i. accepts responsibility for maintaining healthful and safe school environment | 0 | 1 | 2 | 3 | 4 | 5 |

III. Professional Relationships

- | | | | | | | |
|---|---|---|---|---|---|---|
| a. works cooperatively with administrators, colleagues and patrons | 0 | 1 | 2 | 3 | 4 | 5 |
| b. assumes responsibility for assisting with overall discipline of the school | 0 | 1 | 2 | 3 | 4 | 5 |
| c. uses discretion in discussing school or individual student problems | 0 | 1 | 2 | 3 | 4 | 5 |
| d. adheres to district & campus policies & procedures | 0 | 1 | 2 | 3 | 4 | 5 |
| e. participates in school activities & accepts additional responsibilities | 0 | 1 | 2 | 3 | 4 | 5 |

IV. Personal Qualities

- | | | | | | | |
|---|---|---|---|---|---|---|
| a. maintains good attendance record | 0 | 1 | 2 | 3 | 4 | 5 |
| b. practices punctuality | 0 | 1 | 2 | 3 | 4 | 5 |
| c. exercises self-control over actions & words while dealing with students, parents, colleagues and members of the community. | 0 | 1 | 2 | 3 | 4 | 5 |

Recommendation for Re-Election:

Yes, I will recommend this nurse for re-election

No, I will not recommend this nurse for re-election

Principal's Comments

Nurse's Comments

Signature of Evaluator

Date

I acknowledge that I have read this report and I understand my signature does not necessarily mean that I agree with the evaluation.

Signature of Nurse

Date