

**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 a.
- b. provides for individual student needs b.
- c. serves as a resource person in special areas of expertise to school faculty and other staff c.

**II. Professional Responsibilities**

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

**III. Professional Relationships**

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

**IV. Personal Qualities**

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

Yes, I will recommend this nurse for renewal

No, I will not recommend this nurse for renewal

Principal's Comment

Nurse's Comment

***For purposes of this document each party's typed name shall be deemed as an original signature.***

\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

*My signature indicates this report has been discussed with me. I also understand my signature does not necessarily indicate agreement, and that I have 10 working days to prepare a written response that will be attached to this evaluation. I am aware this evaluation review will be placed in my personnel file.*