

Evaluation of Certificated Personnel

**Jerome School District  
School Nurse Evaluation Form**

Nurse:  
School:

Grade Level/Subject:  
Evaluator:

Date:

Dates of Observations/contacts:

<b>Domain 1: Planning and Preparation</b>				
	U	B	P	D
1a. Demonstrating Medical Knowledge and Skill in Nursing Techniques				
	U	B	P	D
1b. Demonstrating Knowledge of Child and Adolescent Development				
	U	B	P	D
1c. Establishing Goals for the Nursing Program appropriate to the Setting and the Students Served				
	U	B	P	D
1d. Demonstrating Knowledge of Government, Community, and District Regulations and Resources				
	U	B	P	D
1e. Planning the Nursing Program for Both Individuals and Groups of Students, Integrated with the Regular School Program				
	U	B	P	D
1f. Developing a Plan to Evaluate the Nursing Program				
<b>Comments:</b>				

**Comment is required to accompany all Unsatisfactory or Basic ratings and areas where no rating is given.**

<b>Domain 2: The Environment</b>				
	U	B	P	D
2a. Creating an Environment of Respect and Rapport				
	U	B	P	D
2b. Establishing a Culture for Health and Wellness				
	U	B	P	D
2c. Following Health Protocols and Procedures				
	U	B	P	D
2d. Supervision Health Associates				
	U	B	P	D
2e. Organizing Physical Space				
<b>Comments:</b>				

**Comment is required to accompany all Unsatisfactory or Basic ratings and areas where no rating is given.**

<b>Domain 3: Delivery of Service</b>				
	U	B	P	D
3a. Assessing Student Needs				
	U	B	P	D
3b: Administering Medications to Students				
	U	B	P	D
3c. Promoting Wellness through Classes or Classroom Presentations				
	U	B	P	D
3d. Managing Emergency Situations				
	U	B	P	D
3e: Demonstrating Flexibility and Responsiveness				
<b>Comments:</b>				

**Comment is required to accompany all Unsatisfactory or Basic ratings and areas where no rating is given.**

<b>Domain 4: Professional Responsibilities</b>				
	U	B	P	D
4a. Reflecting on Practice				
4b: Maintaining Health Records in Accordance with Policy and Submitting Report in a Timely Fashion				
4c: Communicating with Families				
4d: Participating in a Professional Community				
4e. Engaging in Professional Development				
4f: Showing Professionalism				
<b>Comments:</b>				

**Comment is required to accompany all Unsatisfactory or Basic ratings and areas where no rating is given.**

Signature indicates knowledge of observation and evaluation prior to parental input component.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature does not necessarily indicate my agreement with this observation. As per district policy the employee has 21 days to attach a rebuttal.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Policy History:

Adopted on: 12/15/2015

Revised on: