

NAME _____
(Please Print) Last Name First Name Employee ID # Contract Type
ASSIGNMENT _____ **SCHOOL** _____ **SCHOOL YEAR** _____

THE INDEPENDENT SCHOOL DISTRICT OF BOISE CITY

Nurse Evaluation

Philosophy

The purpose of performance evaluation for any category of employee is to document strengths and weaknesses and to pinpoint areas for improved performance. Although professional growth is of primary importance, evaluation may also be used to document performance problems and deficiencies.

The Boise School District is committed to the notion of self-evaluation and self-reflection as a way to ensure professional growth. Self-reflection, combined with the fair and objective observation and feedback of a supervisor is the best way to assist professional teachers in advancing in the profession.

The availability of the Boise School District Peer Assistance Program, Professional Development Core and other Professional Development opportunities, coupled with the evaluation process, provides the infrastructure necessary for sustained professional growth. It is the philosophy of the District that evaluation is the tool to document that sustained growth.

Evaluation Procedure

The recommended administrative observation cycle for professional employees will include at least one administrative observation per year with each observation lasting a minimum of 10 minutes.

All professional employees will have a minimum of one formal evaluation with a qualified evaluator per year, on or before February 1. The post-evaluation conference shall be held within seven (7) school days of the formal observation. A copy of each written evaluation shall be submitted to the employee within five (5) school days after the formal evaluation. The professional employee shall have the opportunity to attach a response to his/her evaluation within twenty-one (21) calendar days.

Professional employees with 2 (two) or more years of continuous service in the district shall be placed on intensive staff development or probation if needed.

(U) Unsatisfactory (B) Basic (P) Proficient (NE) Not Evaluated

I. <u>Planning and Preparation</u>				
A. Demonstrates a broad knowledge and understanding of acute, episodic and chronic health conditions and appropriate interventions in the school setting.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
B. Displays knowledge of typical development, characteristics of age groups, and exceptions to these patterns.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
C. Displays knowledge of diversity and cultural norms of groups of individuals and recognizes the value of this.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
D. Develops a medical alert health concern list in a timely and confidential manner, updating it as needed.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
E. Provides training to staff and supervision as part of effective and safe delegation for the delivery of health care services.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
F. Plans and manages care for students with special health needs and assists with the development of Section 504 Plans and Individual Health Plans in collaboration with the student's parents, the educational team and physician as indicated.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
G. Participates in planning for innovative methods of delivering health services.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
Comments Domain I:				

II. <u>The Health Services Environment</u>				
A. Follows-up with messages and requests in a timely manner.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
B. Contributes positively to the school climate.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
C. Manages time and schedules effectively.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
D. Maintains confidentiality.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
E. Communicates positively and respectfully with students.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
F. Manages emergency situations efficiently.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
G. Responds appropriately to communicable diseases.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
Comments Domain II:				

III. <u>Health Assessment & Intervention</u>				
A. Assesses health status and responds appropriately to individual health needs of students and staff.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
B. Applies the knowledge of pathophysiology while making nursing assessments and providing treatment	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
C. Reports child protection issues, as a school designee, to appropriate authorities as directed by district policy and Idaho code.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
D. Administers, supervises, delegates and records the administration of medication per district policy.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
E. Monitors students' responses to medications given.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
F. Responsible for the gathering of health information (including exchange of information with private physicians and health institutions, medical-develop-mental-social health histories, classroom observations, etc.).	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE

G. Performs classroom observations as necessary for health assessment.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
H. Makes appropriate referrals to school and community resources.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
I. Has a thorough knowledge of the Idaho Nurse Practice Act and adheres to the Idaho Board of Nursing Standards and Regulations	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
J. Abides by school district policies and procedures for Health Services routinely.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
Comments Domain III:				

IV. <u>Health Education/Wellness</u>				
A. Follows district policies and procedures related to teaching the Health curriculum	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
B. Provides students with age appropriate information.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
C. Teaches effectively to objectives.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
D. Demonstrates knowledge of subject matter.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
E. Displays knowledge of students' skills and interests.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
F. Promotes wellness through health education.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
G. Conducts annual awareness activities related to Universal Precautions procedures.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
H. Conducts Health classes requested by staff.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
I. Facilitates and/or co-facilitates student groups as needed.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
J. Organizes and conducts health screenings, including height, weight, vision, dental, and Scoliosis.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
K. Coordinates wellness programs for staff (flu vaccine, cardiac risk profile and blood pressure checks, etc.).	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
Comments Domain IV:				

V. <u>Professional Responsibilities</u>				
A. Monitors student compliance with state immunization laws.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
B. Maintains health records in an organized and effective manner.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
C. Submits state and school reports in a timely fashion.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
D. Completes documentation for Medicaid billing.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
E. Communicates effectively with the health technician(s) and other members of the educational team.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
F. Actively participates as a MDT, SAT or PST member.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
G. Works effectively with administration and school personnel.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
H. Communicates appropriately with students and parents/guardians.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
I. Acts as liaison with parents/guardians, private physicians and community agencies.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
J. Attends Health Services meetings regularly.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
K. Participates in state, local, or national professional organizations (participation encouraged, not mandatory).	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
L. Attends professional development activities.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
M. Assists in committee assignments.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE
N. Maintains current CPR or instructor's certification.	<input type="checkbox"/> U	<input type="checkbox"/> B	<input type="checkbox"/> P	<input type="checkbox"/> NE

Comments Domain V:

Areas of Distinction:	
Additional Comments:	
For purposes of reporting certified evaluation results to the Idaho State Department of Education the above employee's evaluation level for the school year has been deemed:	
Proficient <input type="checkbox"/>	Non-Proficient <input type="checkbox"/>

School Nurse Evaluated _____ Date: _____
 Signature: _____

(Signing this evaluation does not necessarily constitute agreement with its contents, but indicates that the evaluation has been shared with the employee.)

Evaluator Signature: _____ Date: _____

<i>Definitions</i>	
Unsatisfactory:	Does not meet acceptable standards of the profession. Rating in the Unsatisfactory category must be supported by comment and/or documentation.
Basic:	Has the foundation expected by professional standards, but is not able to demonstrate application in every situation.
Proficient:	Highly competent in the art, skills or field of knowledge of the School Nurse profession.