

LAFAYETTE PARISH SCHOOL BOARD

EVALUATION \_\_\_\_\_

SCHOOL NURSE

SELF EVALUATION \_\_\_\_\_

Years: 0-3 \_\_\_\_\_ 4+ \_\_\_\_\_

Evaluatee \_\_\_\_\_ School \_\_\_\_\_

Evaluator \_\_\_\_\_ Position \_\_\_\_\_

Use one of the following codes in each blank below:

[ SP (Successful Performance), NI (Needs Improvement), UP (Unsatisfactory Performance), NR (Not Related) ]

\* Rate special education teachers only --- IEP (Individual Education Plan), ITP (Individual Transition Plan), IFSP (Individual Family Service Plan).

A summary of Commendations/Recommendations must be written under the comments section. A narrative explanation of each NI or UP rating must be written under the comments section.

I. Planning

- \_\_\_\_\_ A. Plans effectively for school visits.
- \_\_\_\_\_ B. Maintains complete and accurate records
- \_\_\_\_\_ C. Maintains evidence of a systematic and appropriate work schedule.
- \_\_\_\_\_ D. Develops nursing and emergency care plans as needed.

\_\_\_\_\_ Overall rating for Planning

II. Management

- \_\_\_\_\_ A. Maximizes amount of time available for student contact.
- \_\_\_\_\_ B. Consults with school administrators to ensure appropriate and timely delivery of services.
- \_\_\_\_\_ C. Assists in training, supervising, and evaluating paraprofessionals.
- \_\_\_\_\_ D. Provides inservice programs for school personnel on health-related issues.
- \_\_\_\_\_ E. Communicates student health needs to other school personnel in a professional manner.
- \_\_\_\_\_ F. Utilizes and maintains department equipment and supplies with care.
- \_\_\_\_\_ G. Provides suggestions for improvement of staff and programs with appropriate persons only.

\_\_\_\_\_ Overall rating for Management

III. Health Services

- \_\_\_\_\_ A. Intervenes prudently, in a timely manner, observing standards of current medical knowledge.
- \_\_\_\_\_ B. Provides prompt follow-up on health referrals.
- \_\_\_\_\_ C. Conducts screenings in an organized and professional manner.
- \_\_\_\_\_ D. Performs assigned duties in a punctual and effective manner.

\_\_\_\_\_ Overall rating for Health Services

IV. School and Community

- \_\_\_\_\_ A. Collaborates with agencies within and outside the community to ensure continuity of service and care.
- \_\_\_\_\_ B. Attends required meetings
- \_\_\_\_\_ C. Works effectively with co-workers, school administrators, and parents
- \_\_\_\_\_ D. Is familiar with and enforces parish and school policies
- \_\_\_\_\_ E. Knows and adheres to federal, state, and local special education and health regulations

\_\_\_\_\_ Overall rating for School and Community

V. Professional Development

- \_\_\_\_\_ A. Participates in continuing education programs to update knowledge and skills.
- \_\_\_\_\_ B. Maintains membership in appropriate professional organizations.

\_\_\_\_\_ Overall rating for Professional Development

VI. Non-Observation Year (Check indicates continued Satisfactory Performance)

- \_\_\_\_\_ A. Planning
- \_\_\_\_\_ B. Management
- \_\_\_\_\_ C. Instruction
- \_\_\_\_\_ D. School and Community
- \_\_\_\_\_ E. Professional Development

\_\_\_\_\_ Overall rating for Non-Observation Year

Comments by Evaluator: \_\_\_\_\_

\_\_\_\_\_

Commendations/Recommendations: \_\_\_\_\_

\_\_\_\_\_

Overall Evaluation (check one):

Successful Performance  Needs Improvement  Unsatisfactory Performance

An analysis of this evaluation indicates an intensive assistance program is needed.  Yes  No

Signature of Evaluator \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Comments by Evaluatee: \_\_\_\_\_

\_\_\_\_\_

I have read and discussed the content of this evaluation form. My signature denotes neither agreement nor disagreement. It does indicate that I have received a copy of this form..

The self-evaluation must be on file.

Self-evaluation to be placed in official file:  Yes  No Or unofficial file in the supervisor's office:  Yes  No

Signature of Evaluatee \_\_\_\_\_ Date \_\_\_\_\_

If Self-Evaluation, initial of Principal/Supervisor/Evaluator to denote receipt of Self-Evaluation \_\_\_\_\_ Date: \_\_\_\_\_