MUSCATINE COMMUNITY SCHOOL DISTRICT

Muscatine, Iowa

Present Teacher Quality Legislation does not cover school nurses so we are at liberty to use these forms, which contain criteria, established by a local team, which included our school nurses. We decided to continue to use this form until a better form is created. [This note added June 2003.]

School Nurse Summative Evaluation

Staff Member’s Name: ____________________________ School Year: ____________

School: _________________________________________________________________

Staff Member’s Position(s): ____________________________________________

Date of Evaluation Orientation Conference: ________________________________

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<tr>
<th>Dates of Observations</th>
<th>Pre-Observation Conference Date</th>
<th>Observation Date</th>
<th>Activity Observed</th>
<th>Post-Observation Conference Date</th>
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Other observation, data, and/or input:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of Summative Evaluation Conference: ________________________________

Primary Evaluator(s): ________________________________________________
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Domain 1: Health Service Planning and Preparation

1a. Demonstrates comprehensive understanding of health and wellness and the nursing process
1b. Assesses individual’s knowledge and abilities and encourages self-management of health needs
1c. Wellness is recognized and wellness programming is incorporated into practice
1d. Demonstrates knowledge of school and community health resources
1e. Designs individual plans and facilitates case management
1f. Demonstrates knowledge of human growth and development

Summary for Domain 1:

Recommendations for Domain 1:
MUSCATINE COMMUNITY SCHOOL DISTRICT
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Domain 2: The Health Services Environment

2a. Creates an environment of respect, rapport and confidentiality
2b. Serves as a resource for obtaining and evaluating health education materials
2c. Effectively manages health service procedures/protocol including supervision of secretaries and aides performing such procedures
2d. Effectively organizes physical space/maintenance of health records and medications
2f. Emergency and non-emergency interactions are effectively managed utilizing nursing process

Summary for Domain 2:

Recommendations for Domain 2:
MUSCATINE COMMUNITY SCHOOL DISTRICT
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Domain 3: Health Service Intervention/Health Education/Wellness

3a. Communicates clearly and accurately
3b. Refers and engages community/school resources
3c. Effectively engages students/staff in health education and wellness promotion
3d. Provides professional practices within school district policies and Iowa Board of Nursing Regulations

Summary for Domain 3:

Recommendations for Domain 3:
Domain 4: Professionalism

4a. Reflects on nursing practices, Iowa Board of Nursing regulations, including licensure
4b. Maintains accurate records and participates in Medicaid Administrative Claiming
4c. Communicates effectively with families, staff, community, and education teams
4d. Contributes to the school and district
4e. Continues to grow and develop professionally
4f. Works to maintain professional relationships

Summary for Domain 4:

______________________________

Recommendations for Domain 4:
School Nurse Summative Evaluation

Summary. Check all that are appropriate:

_____ A. Track I Evaluation
_____ B. Track II Evaluation
_____ C. Satisfactory/Reappointed
   _____ Continue on Track I
   _____ Move to Track II
   _____ Continue on Track II
_____ D. Needs Improvement/Reappointed
   *Planned Program for Improvement required; see below.
   *Continue on Track I
_____ E. Unsatisfactory/Not Reappointed

Planned Program for Improvement.

1. If D above is checked, a Planned Program for Improvement must be developed and attached to this evaluation. If E above is checked a conference with the Human Resource Director and the Association’s representative is required.

2. List below the key areas which are addressed in the Planned Program for Improvement.

School Nurse Response:

School Nurse may respond in writing and attach any written comments to these materials.

Year of Employment.

Indicate employment year completed: ___1 ___ 2 ___ 3 (insert correct year______)

Signatures:

Signature of Primary Evaluator(s)  Signature of Staff Member*

_________________________________ __________________________________
Date       Date

Signature of Superintendent  Signature of Director of Human Resources

_________________________________ __________________________________
Date       Date

*The staff member’s signature indicates that the staff member and the evaluator have discussed this report together. It does not necessarily mean that the staff member agrees with all ratings or remarks contained herein.