

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: _____

Dates of Observations

	Pre-Observation Conference Date	Observation Date	Activity Observed	Post-Observation Conference Date
1				
2				
3				
4				

Other observation, data, and/or input:

Date of Summative Evaluation Conference: _____

Primary Evaluator(s): _____

MUSCATINE COMMUNITY SCHOOL DISTRICT
School Nurse Summative Evaluation

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
School Nurse Summative Evaluation

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
School Nurse Summative Evaluation

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:

MUSCATINE COMMUNITY SCHOOL DISTRICT
School Nurse Summative Evaluation

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

Superintendent

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.