VACAVILLE UNIFIED SCHOOL DISTRICT Nurse Observation/Discussion Form

| Name of Employee: | School | Grade/Subject: |
|----------------------|--|----------------|
| Probationary Year: [| | uator |
| | | |
| | NURSING STANDARD 1 | |
| Nursing Skills – K | Knowledge and Communication of Nursing Role | |
| 1.1 | | |
| 1.2 | 2 Uses effective oral and written communication skills. | |
| 1.3 | <u> </u> | |
| 1.4 | · | |
| 1.5 | Informs teaching staff of problem health areas and recommended remediation | n. |
| Initial Conference | Date : | |
| | | |
| Nurse Signature: | Evaluator Signate | ure: |
| Observation1 / Dis | iscussion 1 Date : | |
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| Nurse Signature: | Evaluator Signa | ture: |
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| Observation 2 / Di | Discussion 2 Date : | |
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| Nurse Signature: | Evaluator Signa | ature: |

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| Name o | f Employee | e: <u>.</u> | | School | | Grade/Subject: |
|------------|---|-------------|-------------------------------------|-----------------------|---------------------|----------------|
| Probatio | onary Year: | : 🗆 | | School Year: | Evaluato | or |
| | | | | NURSING STA | NDARD 2 | |
| Nursin | Nursing Techniques –Ability to Perform Nursing Skills | | | | | |
| | | 2.1 | Uses health assessment technique | es to identify health | problems. | |
| | | 2.2 | Performs efficiently in emergency | situations. | | |
| | | 2.3 | Works with students individually ar | nd in groups. | | |
| | | 2.4 | Uses health services as a direct m | eans of health cour | nseling. | |
| ! :#: al / | Ostoron | | | | Data | |
| Initiai (| Conferen | ice | | | Date : | |
| Nurse | Signatur | e: | | | Evaluator Signature | 9: |
| Obser | vation1 / | Disc | cussion 1 | | Date : | |
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| Nurse | Signatur | e: | | | Evaluator Signature | 9: |
| Ohser | vation 2 | / Die | scussion 2 | | Date : | |
| Obser | valion 2 | / 1013 | CUSSION Z | | Date | |
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| Nurse | Signatur | e: | | | Evaluator Signatu | re: |

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|----------------------|---|---|--|--|
| Probationary Year: [| ☐ 1 ☐ 2 Permanent: ☐ School Year: _ | Evaluator | | |
| | NURSING STANDARD 3 | | | |
| Management Skill | ls – Organization of Practice | | | |
| 3.1 | | and implementation of nursing activities. | | |
| 3.2 | | | | |
| 3.3 | Maintains a positive atmosphere, which is conducive | e to student health and self-esteem. | | |
| 3.4 | Demonstrates an understanding of students with spe | ecial needs, and provides appropriate nursing care. | | |
| 3.5 | Obtains Health and Developmental Histories for staf | ff meetings for Special Education programs. | | |
| Initial Conference | | Data | | |
| Initial Conference | | Date : | | |
| Nurse Signature: | | Evaluator Signature: | | |
| Observation1 / Dis | scussion 1 | Date : | | |
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| Nurse Signature: | | Evaluator Signature: | | |

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| Name of Employee: | School | Grade/Subject: | | | |
|--------------------|---|---|--|--|--|
| Probationary Year: | ☐ 1 ☐ 2 Permanent: ☐ School Year: | Evaluator | | | |
| | NURSING STANDARD 4 | | | | |
| Professional Sk | ills - Ability to Function as a School Nurse | OTANDARD T | | | |
| | 1 Completes required notification forms, records, a | and reports nunctually and accurately | | | |
| | .2 Performs assigned duties responsibly and punctu | | | | |
| | .3 Uses confidential information for professional pur | | | | |
| | .4 Organizes all state mandated programs. | pooco only. | | | |
| | .5 Follows School and District policies and establish | ned procedures. | | | |
| | .6 Participates in required job-related meetings and | | | | |
| 4 | .7 Uses community resources effectively. | | | | |
| 4 | | hrough use of conferences and written communications. | | | |
| 4 | .9 Maintains positive working relationships with staf | | | | |
| <u> </u> | | | | | |
| Initial Conference | ce | Date : | | | |
| Nurse Signature | : : | Evaluator Signature: | | | |
| Obs. 12.4/1 | | D.V. | | | |
| Observation1 / [| Discussion 1 | Date : | | | |
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| Nurse Signature | o: | Evaluator Signature: | | | |
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| Observation 2 / | Discussion 2 | Date : | | | |

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| Nurse Signa | ture: | Evaluato | or Signature: | | | |
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| APPENDIX D | · SECTION L | | | | | |
| | | VACAVILLE UNIFIED SCHOOL DIST | | | | |
| Individual Nurse Performance Evaluation | | | | | | |
| | II. | ndividual Nurse Performance E | zvaluation | | | |
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| Name of Empl | | | Grade/Subject: | | | |
| | | School | Grade/Subject: | | | , |
| | yee: | School | | | | |
| | yee: ear: | School | Grade/Subject: | | | |
| Probationary \ | yee: ear: | School nt: | Grade/Subject: | | | |
| Probationary \ | eet standards | School nt: | Grade/Subject: | | 2 | 3 |
| Probationary \\ 1 − Does not r ✓ Focu Stand | eet standards S Nursing Skills – Ki | School nt: School Year: 2 – Practices that partially meet standard nowledge and Communication of Nu | Grade/Subject: Evaluator 3 – Meets or exceeds starting Role | tandards | | 3 |
| Probationary N 1 − Does not r Focu Stand Stand | eet standards S Ind 1 Nursing Skills – Killer 2 Nursing Technique | School nt: | Grade/Subject: Evaluator 3 – Meets or exceeds starting Role | tandards | | 3 |
| Probationary \\ 1 − Does not r ✓ Focu Stand | ear: | School nt: School Year: 2 – Practices that partially meet standard nowledge and Communication of Nu | Grade/Subject: Evaluator 3 – Meets or exceeds st | tandards | | 3 |

| Evaluator Comments and Recommendations: | | | | |
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| Evaluation Comments and Accommentation | io. | | | |
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| *Evaluatee : | Evaluator: | Date: | | |

*Evaluatee's signature does not indicate agreement or disagreement with the evaluation.

Draft HR 2015