

VACAVILLE UNIFIED SCHOOL DISTRICT
Nurse Observation/Discussion Form

Name of Employee: _____ School: _____ Grade/Subject: _____

Probationary Year: 1 2 Permanent: School Year: _____ Evaluator: _____

NURSING STANDARD 1

Nursing Skills – Knowledge and Communication of Nursing Role

<input type="checkbox"/>	1.1	Clearly defines and communicates goals and objectives.
<input type="checkbox"/>	1.2	Uses effective oral and written communication skills.
<input type="checkbox"/>	1.3	Clearly communicates subject matter content when teaching.
<input type="checkbox"/>	1.4	Serves as a liaison between the parent and school in health matters.
<input type="checkbox"/>	1.5	Informs teaching staff of problem health areas and recommended remediation.

Initial Conference _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

Observation 1 / Discussion 1 _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

Observation 2 / Discussion 2 _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

VACAVILLE UNIFIED SCHOOL DISTRICT
 NURSE Observation/Discussion Form

Name of Employee: _____ School: _____ Grade/Subject: _____

Probationary Year: 1 2 Permanent: School Year: _____ Evaluator: _____

NURSING STANDARD 2

Nursing Techniques –Ability to Perform Nursing Skills

<input type="checkbox"/>	2.1	Uses health assessment techniques to identify health problems.
<input type="checkbox"/>	2.2	Performs efficiently in emergency situations.
<input type="checkbox"/>	2.3	Works with students individually and in groups.
<input type="checkbox"/>	2.4	Uses health services as a direct means of health counseling.

Initial Conference _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

Observation 1 / Discussion 1 _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

Observation 2 / Discussion 2 _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

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NURSING STANDARD 3

Management Skills – Organization of Practice

<input type="checkbox"/>	3.1	Maintains an orderly environment through planning and implementation of nursing activities.
<input type="checkbox"/>	3.2	Demonstrates courtesy and respect for students.
<input type="checkbox"/>	3.3	Maintains a positive atmosphere, which is conducive to student health and self-esteem.
<input type="checkbox"/>	3.4	Demonstrates an understanding of students with special needs, and provides appropriate nursing care.
<input type="checkbox"/>	3.5	Obtains Health and Developmental Histories for staff meetings for Special Education programs.

Initial Conference _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

Observation 1 / Discussion 1 _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

Observation 2 / Discussion 2 _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

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NURSING STANDARD 4

Professional Skills - Ability to Function as a School Nurse

<input type="checkbox"/>	4.1	Completes required notification forms, records, and reports punctually and accurately.
<input type="checkbox"/>	4.2	Performs assigned duties responsibly and punctually.
<input type="checkbox"/>	4.3	Uses confidential information for professional purposes only.
<input type="checkbox"/>	4.4	Organizes all state mandated programs.
<input type="checkbox"/>	4.5	Follows School and District policies and established procedures.
<input type="checkbox"/>	4.6	Participates in required job-related meetings and activities.
<input type="checkbox"/>	4.7	Uses community resources effectively.
<input type="checkbox"/>	4.8	Promotes effective communication with parents through use of conferences and written communications.
<input type="checkbox"/>	4.9	Maintains positive working relationships with staff members.

Initial Conference _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

Observation1 / Discussion 1 _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

Observation 2 / Discussion 2 _____ Date : _____

Nurse Signature: _____ Evaluator Signature: _____

VACAVILLE UNIFIED SCHOOL DISTRICT
 Individual Nurse Performance Evaluation

Name of Employee: _____ School: _____ Grade/Subject: _____

Probationary Year: 1 2 Permanent: School Year: _____ Evaluator: _____

1 – Does not meet standards	2 – Practices that partially meet standards	3 – Meets standards	4 – Exceeds standards
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✓	Focus		1	2	3	4
	Standard 1	Nursing Skills – Knowledge and Communication of Nursing Role				
	Standard 2	Nursing Techniques –Ability to Perform Nursing Skills				
	Standard 3	Management Skills – Organization of Practice				
	Standard 4	Professional Skills - Ability to Function as a School Nurse				

Evaluator Comments and Recommendations:

*Evaluatee: _____ Evaluator: _____ Date: _____

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