School Nurse Evaluation Form				
Name: **School Year:**				
Position: **School:**				
Rating Scale:				
E = Exemplary P = Proficient D = Developing U = Unacceptable				
Standard 1: Assessment, Diagnosis, and Outcomes Identification	**E**	**P**	**D**	**U**
1. Collects and analyzes data to identify student health needs and nursing diagnoses (e.g., health screening results, health forms, clinic visits) for the school population.				
2. Maintains records and evaluates student health data guided by clinical judgement and current research.				
3. Collaborates with family, faculty, and health care providers, as needed, to validate data.				
4. Identifies culturally appropriate short- and long-term student health outcome goals to address needs and documents outcomes as measurable goals.				
5. Serves as case manager for students with acute or chronic health needs.				
Professional evidence or example(s):				
Standard 2: Planning	**E**	**P**	**D**	**U**
1. Uses evidence-based information to develop student individualized healthcare plans (IHP) to achieve expected outcomes to specific interventions.				
2. Collaborates with school staff to plan strategies to promote appropriate use of school clinic.				
3. Develop plans for emergency care.				
4. Collaborates with school personnel in crisis/disaster planning.				
5. Utilizes an efficient system of documenting care appropriately.				
6. Develops plans for other school personnel to handle health situations when the licensed professional nurse is not available.				
Professional evidence or example(s):				
Standard 3: Implementation	**E**	**P**	**D**	**U**
1. Provides competent, evidence-based nursing care.				
2. Collaborates with staff to implement student IHPs.				
3. Coordinates care with student, family, faculty, and community resources.				
4. Utilizes health promotion, health education, and prevention activities to maintain and improve the health and safety of the school environment.				
5. Conducts/Assists with health screening programs.				
6. Performs effectively in emergency situations.				
7. Provides consultation and communicates appropriate recommendations to students, parent/guardian and faculty regarding health related issues.				
8. Documents interventions and activities.				

Professional evidence or example(s):

Standard 4: Evaluation	E	P	D	U
1. Examines effectiveness of the strategies utilized in student IHPs to determine if outcomes were met.				
2. Revises student's IHP/plan of care, as appropriate.				
3. Examines effectiveness of health promotion, education, and prevention activities with the school population.				
4. Utilizes data collected from student outcomes and school outcomes to promote school health programs that support student learning and healthy development.				
5. Documents results of evaluation by appropriate summary and/or annual reports.				

Professional evidence or example(s):

Standard 5: Professionalism	E	P	D	U
1. Demonstrates professionalism in behaviors, time management, dependability, resource utilization, and ethical practice.				
2. Participates in professional development/continuing education as a lifelong learner.				
3. Communicates effectively with students, faculty, staff, parent/guardian and community.				
4. Provides leadership in the provision of healthcare to meet health and educational goals.				

Professional evidence or example(s):

School Nurse Year End Learning Accomplishments:

Overall Evaluation Summary and Rating Earned

☐ Exemplary
☐ Proficient
☐ Developing
☐ Unacceptable
☐ Recommended for placement on a Performance Improvement Plan (one or more standards are Unacceptable, or two or more standards are Developing).

School Nurse Administrator/Peer Reviewer (Registered Nurse) Comments:

Non-nurse Administrator Comments:

Commendations:

Areas Noted for Improvement:

School Nurse Improvement Goals:

School Nurse's Name	**School Nurse's Signature**	**Date**
		Date

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School Nurse Administrator/Peer Reviewer's Name	**School Nurse Administrator/Peer Reviewer's Signature**	
Non-nurse Administrator's Name	**Non-nurse Administrator's Signature**	**Date**

Optional Interim Performance Evaluation

School Nurse's Name	**School Nurse's Signature**	**Date**
School Nurse Administrator/Peer Reviewer's Name	**School Nurse Administrator/Peer Reviewer's Signature**	**Date**
Non-nurse Administrator's Name	**Non-nurse Administrator's Signature**	**Date**