

LEA SAMPLE:

Yearly School Nurse Evaluation Form

Name of School Nurse:

School Assigned:

Rating scale: Exceeds expectations (3); Meets expectations (2); Needs Improvement (1); Not Applicable (N/A); Not Observed (N/O)

| Performance competencies | 3 | 2 | 1 | Comments |
|--|----------|----------|----------|-----------------|
| Professional/Personal characteristics | | | | |
| Complies with dress code | | | | |
| Physical appearance neat and well kept | | | | |
| Communicates in a professional manner and effectively when dealing with students, parents and staff | | | | |
| Communicates with Lead Nurse regarding student health information or the need for IHP/EAP in timely manner | | | | |
| Is prompt and accurate in handling records and reports A. Monthly Reports B. Physician authorization for Medication Adm. C. Parent authorization D. Daily logs E. Unusual occurrence reports F. Medical Release of Information | | | | |
| School Health manual, local policies, Nursing standards for school health easily accessible to nurse | | | | |
| A. Daily Medication Book Complete/Accurate | | | | |
| B. PRN Medication Book complete/Accurate | | | | |
| C. Emergency Plan Book Complete/Accurate | | | | |
| D. Receipt of Emergency Plan Staff signed form | | | | |

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|---|--|--|--|--|
| Plans and requests health supplies in advance | | | | |
| Exhibits professional attitude/conduct | | | | |
| Promotes a professional image to students, parents and staff | | | | |
| Uses proper handwashing techniques between students | | | | |
| Shows a willingness to improve | | | | |
| Notifies supervisor appropriately | | | | |
| A. If unable to report to work | | | | |
| B. If nurse must leave campus for any reason | | | | |
| C. Assistance with situations beyond the expertise of LPN | | | | |
| D. Notify supervisor if substitute secured for campus for any reason | | | | |
| Medication Policy | | | | |
| 1. Medication cabinet locked at all times no medications or logs kept outside cabinet | | | | |
| 2. Medication drawers organized with medications labeled properly | | | | |
| 3. Signed authorization for all medications administered | | | | |
| 4. Completed MAR for all medications administered | | | | |
| 5. Uses proper dispensing practices | | | | |
| Skills and Knowledge | | | | |
| 1. Handles first aid and emergency care calmly and efficiently | | | | |
| 2. Uses proper technique when performing an invasive procedure. | | | | |
| 3. Uses standard First Aid protocols correctly in an urgent or emergent situation | | | | |
| 3. Interprets and uses health information with good judgement | | | | |

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|---|--|--|--|--|
| Health Room Management | | | | |
| 1. Maintains a safe and clean health room | | | | |
| 2. Nebulizer left at school is properly cleaned and stored after student use | | | | |
| 3. Supplies stored in proper place | | | | |
| 4. All Log books are stored in a locked cabinet to maintain student confidentiality | | | | |
| Attendance | | | | |
| 1. Reports to work on time | | | | |
| 2. Work Attendance | | | | |
| 3. Inservice meetings | | | | |
| 4. IEP/PEP requested meetings | | | | |

Nurse Signature

Date

RN Signature

Date