

PLUMAS UNIFIED SCHOOL DISTRICT
School Nurse Evaluation Form

<p>_____ Nurse's Name (please print)</p> <p>_____ School</p> <p>_____ Grade</p>	<p style="text-align: center;">Check One</p> <p><input type="checkbox"/> Probationary 1 P = Proficient</p> <p><input type="checkbox"/> Probationary 2 S = Satisfactory</p> <p><input type="checkbox"/> Temporary U = Unsatisfactory</p> <p><input type="checkbox"/> Permanent</p>
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1. DIRECT NURSING SERVICES TO STUDENTS.	P	S	U
a. Addresses health-related needs of students.			
b. Provides state-mandated health screenings to students.			
Comments: _____ _____ _____			
2. HEALTH SERVICES MANAGEMENT.	P	S	U
a. Collaborates and coordinates with school and district staff to provide a comprehensive school health program.			
b. Assures maintenance of accurate student health records.			
Comments: _____ _____ _____			
3. EDUCATIONAL SUPPORT SERVICES.	P	S	U
a. Participates effectively in multidisciplinary teams.			
b. Provides health-related training to staff.			
Comments: _____ _____ _____			

4. HEALTH EDUCATION.	P	S	U
a. Plans and provides direct health instruction to students as mandated by the Governing Board.			
b. Assists and supports other staff to provide health instruction to students.			
Comments: _____ _____			
5. PERFORMANCE OF RELATED PROFESSIONAL DUTIES AND RESPONSIBILITIES.	P	S	U
a. Participates in professional growth activities.			
b. Follows directives and accepts supervision.			
c. Works collaboratively with other district staff.			
Comments: _____ _____			

Evaluator's Comments (continued):

Certificated Employee's Comments:

Overall Evaluation

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

 Evaluator's Signature

 Date

 Certificated Employee's Signature Date