



**Waseca Public Schools  
Independent School Dist. 829**

**School Nurse Formative Evaluation Form**

Nurse:	Observation/Review Date:
Evaluator:	School:
Setting Observed:	Subject:

N/A= Not Assessed      U= Unsatisfactory      B= Basic      P= Proficient      D= Distinguished

Year Proficiency (P)  
Expected  
1 2 3

**Domain 1: Professional Behavior**

**Performance Level**

- |   |    |   |   |   |   |
|---|----|---|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Attendance: Faithfulness in coming to work on time, as scheduled.  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Promoting a Professional Attitude & Culture: The way in which one expresses themselves & demonstrates professional behavior at the workplace.          | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Communication: Written, verbal, non-verbal, & listening skills.  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Adaptability & Flexibility: The ability to adjust to changing situations and maintain professional demeanor under pressure.                            | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Prioritization, Organization, & Time Management: The productive use of time during the work day, the ability to prioritize tasks and work efficiently. | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Professional Appearance & Workspace: Personal cleanliness, appropriate dress, and a safe, orderly work environment.                                    | NA | U | B | P | D |

Comments:

**Domain 2: Job Skills**

**Performance Level**

- A. Provides a nursing diagnosis and treatment of student & staff's responses to actual or potential health problems.
- |  |    |   |   |   |   |
|--|----|---|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Administers and records daily prescription medication to students.  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Informs and provides inform to students on the use of medications.  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Provides and administers over the counter medications to students and staff as necessary, and assesses for acute illness. | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Acts as a health care resource for students and staff.  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Administers flu vaccinations to staff as requested.   | NA | U | B | P | D |

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Monitors blood pressure for staff as requested.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Administers first aid for minor injuries.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Provides immediate emergency care for major injuries.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Provides immediate transportation for major injuries and communicates with families and physicians.	NA	U	B	P	D

Comments:

**B. Provides support and care for students with chronic or acute health problems.**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Assists and care for students with health problems such as asthma, diabetes, seizure disorders, feeding tubes, and catheters as necessary.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Maintains communication with parents regarding chronic or acute health conditions of students.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Informs staff of students with special health problems.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Informs staff of students who require preferential seating due to hearing or vision problems.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Coordinates with Social Services to identify families of children with special needs and provides ongoing support.	NA	U	B	P	D

Comments:

**C. Maintains and updates student's health records.**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Documents vision and hearing screening results.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Documents results of scoliosis screenings.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Documents immunization updates and notifies parents of immunization needs in accordance with state health regulations.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Compiles and documents visits to health office, medication administered, and incidence of illness.	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ Documents special health problems.	NA	U	B	P	D

Comments:

D. Refers students to appropriate staff when necessary with health or attendance problems.

○ Refers students to Counselors or Assistant Principal for further evaluation. NA U B P D

○ Monitors and reports health or attendance problems to Counselors or Assistant Principal.  
NA U B P D

Comments:

E. Provides assistance with prevention and control of communicable diseases.

○ Acts as resource person for health-related questions. NA U B P D

○ Examines students for head lice. NA U B P D

○ Advises parents and students about infestation and prevention. NA U B P D

Comments:

F. Conducts screening of students for health problems.

○ Screens students for hearing, vision, & scoliosis. NA U B P D

○ Follows up and makes referrals as necessary. NA U B P D

○ Conducts screening for all new students enrolled during the school year. NA U B P D

Comments:

G. Performs duties of an administrative nature required in performance of the job.

○ Checks attendance daily and contacts parents of students whose absence has not been reported to school. NA U B P D

○ Completes accident reports for students injured during the school day or during athletic activities. NA U B P D

○ Distributes emergency cards to students, checks for completion and health needs. NA U B P D

○ Organizes and orders supplies for health office through District Nurse. NA U B P D

○ Completes Arranges for physical education excuses for students at request of physician or parent. NA U B P D

○ Responds to questions on health care and advises on the need to contact family health care provider. NA U B P D

- Completes State Annual Immunization Report and submits to the Minnesota Department of Health. NA U B P D
- Attends meetings with teachers and administrators regarding student problems and needs, offers medical expertise and opinions as necessary. NA U B P D
- Maintains a Section 504 Plan case load for students with special needs as required by the American Disabilities Act and submits records to District 504 Coordinator. NA U B P D
- Maintains updated Release of Information forms and confers with Social Services and health care providers as needed. NA U B P D
- Performs daily checks and maintenance of hearing impaired equipment. NA U B P D
- Performs other comparable duties of a like or similar nature as assigned. NA U B P D

Comments:

### Summary

Major Areas of Strength:

Possible Areas for Growth:

These can be strengthened by doing the following:

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My signature below acknowledges that I have received a copy of my evaluation dated \_\_\_\_\_.  
I was also provided the opportunity to view and discuss this evaluation.**

**Initials and date indicate that professional has received but does not agree with evaluation.  
Signature and date indicate that professional has received and agrees with evaluation.**

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_