SCHOOL NURSE - FINAL EVALUATION

RESET SAVE PRINT

FORM 220

NAME: _____ SCHOOL: _____ SESSION: _____

GRADE: _____ SUBJECT: _____ TOTAL DAYS ABSENT: _____

TOTAL NUMBER OF EVALUATIONS: _____ KEY: Satisfactory; Needs Improvement; Unsatisfactory

During the evaluation period, how many of each of the following were completed on the evaluatee?

FUNCTIONS OF SCHOOL NURSE	S	N	U
a. Screens students for health problems			
b. Arranges for corrective and/or preventive medical care for students			
c. Works with allied agencies in providing medical services			
d. Provides health training for parents and students			
e. Provides appropriate medical and follow-up services			
CRITICAL RESPONSIBILITIES OF SCHOOL NURSE			
a. Continues professional growth and self-improvement			
b. Adheres to standards of ethical behavior			
c. Implements established programs			
d. Maintains accurate and timely records/reports in area of specialization			
e. Accounts for fiscal record keeping and reporting			
f. Performs all assignments			
g. Participates in the personnel accountability program of the local system			
h. Fosters positive attitude and sets appropriate models for students as evidenced by:			
4. Appearance			
5. Relationship with student and teacher			
6. Use of standard English			
i. Demonstrates competence in the area of responsibility			
Did the evaluatee make satisfactory progress toward attainment of goals/objectives?	Yes	No	
Present overall status			
Did the evaluatee improve from N or U to S since previous evaluation report?	Yes	No	
The evaluatee responded to suggestions for improvement	Yes	No	

The evaluatee ____ is ____ is not recommended for continued employment.

COMMENTS/EVIDENCE:

My signature indicates that I have read the results of the observation; however, it does not necessarily indicate agreement or disagreement with the results.

Evaluatee _____ Date _____ Evaluator _____

WHITE - CENTRAL OFFICE YELLOW - PRINCIPAL PINK - EVALUATEE