

SCHOOL DISTRICT of UNIVERSITY CITY
NURSE SUMMATIVE EVALUATION FORM

Nurse: _____ School Year: _____

School: _____ Date: _____

Grade/Subject: _____ Evaluator: _____

- Outstanding:** Performance far exceeds expectations for this position.
Nurse demonstrates the highest standards of performance.
- Satisfactory:** Performance consistently meets expectations for this position.
Nurse knows and performs the job well.
- Needs Improvement:** Performance usually or partially meets expectations for this position.
Improvement in this area is necessary.
- Unsatisfactory:** Performance is consistently below expectations and is unacceptable.
A Performance Target Sheet is required and improvement in this area is mandatory.

I. Nursing Process

	<i>Outstanding</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>
A. Promote and protect the optimal health status of children				
B. Provide health assessments				
C. Develop and implement a health plan				
D. Maintain, evaluate and interpret cumulative health data to accommodate individual needs of students				

II. Program Management

A. Participate as a health specialist on a child's education evaluation team				
B. Plan and implement school health management protocols				
C. Develop procedures and provide for crisis intervention for acute illness, injury and emotional disturbances				
D. Promote and assist in the control of communicable diseases				
E. Provide for the development, promotion and implementation of health education activities				

III. Interpersonal Relationships

	O	S	N	U
A. Coordinates school and community health activities and serves as a liaison person between the home, school and community				
B. Acts as a resource person in promoting health careers				
C. Demonstrates positive interpersonal relations with students, staff, parents and members of the community				
D. Collaborates with other professionals in assessing, planning, implementing and evaluating programs and activities to benefit students				

IV. Professional Responsibilities

A. Participates in professional growth activities				
B. Follows the policies and procedures of the School District				
C. Assumes other responsibilities				
D. Demonstrates a sense of professional responsibility				
E. Engages in research and evaluation of school health services				
F. Assists in the formation of health policies, goals and objectives				
G. Demonstrates regular attendance and punctuality				

Evaluator Comments of Overall Performance (Required): _____

Nurse Comments: _____

Evaluator

Date

Nurse

Date

Signatures indicate that the contents of this form have been discussed by Nurse and evaluator.

SCHOOL DISTRICT of UNIVERSITY CITY
NURSE RECOMMENDATION
BY EVALUATOR TO THE SUPERINTENDENT

Nurse: _____ School Year: _____

Assignment: _____ Date: _____

Evaluator: _____

Based upon my professional judgment, I recommend that the evaluatee:

(check one)

1. Be reemployed.

2. Not be reemployed for the next school year.

3. Be terminated.

Evaluator *Date*

Nurse *Date*

Signatures indicate that the contents of this form have been discussed by Nurse and evaluator.

Attachments: Summative Evaluation
Professional Growth Form

SCHOOL DISTRICT of UNIVERSITY CITY
NURSE PROFESSIONAL GROWTH REPORT

Nurse: _____ School Year: _____

Grade/Subject: _____ School: _____

This form is used to record the professional growth activities of each staff member during the evaluation year and should be attached to the annual recommendation. Attach additional pages as needed.

1. College and University Coursework:

Course	# Credits	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Type II Workshops and Type III Committees:

Title	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Type I Workshops:

Title	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Conference and Convention Attendance:

Title

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Committee Participation:

Committee

Level
(Building, District, State, National)

Date(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Presentations, Projects and Other Activities:

Evaluator

Date

Nurse

Date

Signatures indicate that the contents of this form have been discussed by Nurse and evaluator.