

**WEST VIRGINIA PUBLIC SCHOOLS  
EVALUATION OF SCHOOL NURSE PERFORMANCE**

NAME:

EVALUATOR:

JOB TITLE: SCHOOL NURSE

SCHOOL/DEPARTMENT:

SCHOOL YEAR:

**Performance Characteristics**

EXCEEDS	MEETS	NEEDS IMPROVEMENT	NA	<p style="text-align: center;">Evaluator must check each Indicator in the appropriate column and may write Comments for each Performance Standard. Employees may respond in Employee Comments space.</p>	COMMENTS
<b>PERFORMANCE STANDARD I-Responsibility to School Staff</b>					Evaluator Comments
<b>INDICATORS</b>					
				1. Functions as contributing member of school staff.	
				2. Exhibits knowledge of school law/policy.	
				3. Exhibits knowledge of total school program.	
				4. Acts as a liaison between schools and the medical community.	Employee Comments
<b>PERFORMANCE STANDARD II-Health Assessment</b>					
<b>INDICATORS</b>					
				1. Establishes and maintains adequate health records, such as but not limited to HCP.	
				2. Conducts student/parent/teacher conferences when necessary.	
				3. Coordinates, refers and follow-up as necessary.	Employee Comments
				4. Collaborates with school staff concerning psychosocial and behavioral needs of students.	
				5. Periodically reviews health status of students and shares with appropriate staff.	
				6. Collects and reports data for School Nurse Needs Assessment/Survey.	
				7. Manages student health records on WVEIS (Immunizations, Electronic Health Data Care Plans, etc.).	Evaluator Comments
<b>PERFORMANCE STANDARD III-Special Education Responsibilities</b>					
<b>INDICATORS</b>					
				1. Assists in assessment and placement of students with exceptional needs.	Employee Comments
				2. Assists parent/student in using appropriate community resources.	

EXCEEDS	MEETS	NEEDS IMPROVEMENT	NA	Evaluator must check each Indicator in the appropriate column and may write comments for each Performance Standard. Employees may respond in Employee comments space.	COMMENTS
Evaluators Comments					
<b>PERFORMANCE STANDARD IV-Prevention and Control of Communicable Disease</b>					
<b>INDICATORS</b>					
				1. Assesses signs/symptoms of communicable disease.	Employee Comments
				2. Implements and enforces communicable disease policies in collaboration with public health department.	
				3. Contacts parent/teacher regarding communicable disease protocols.	
<b>PERFORMANCE STANDARD V-Emergency Care Responsibility</b>					
<b>INDICATORS</b>					
				1. Assesses the severity of injuries and performs CPR and First Aid procedures as indicated.	Employee Comments
				2. Assesses the severity of illness and acts appropriately.	
				3. Coordinates and/or conducts training of school personnel.	
<b>PERFORMANCE STANDARD VI-Health Instructions</b>					
<b>INDICATORS</b>					
				1. Serves as health education resource person.	Employee comments
				2. Supports and promotes health education.	
<b>PERFORMANCE STANDARD VII-Professional Practice</b>					
<b>INDICATORS</b>					
				1. Maintains current West Virginia licensure and certification.	Evaluators Comments
				2. Enhances education through staff development and continuing education.	
				3. Has knowledge of Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools.	
				4. Has knowledge of county and school health policies and procedures.	
				5. Knows the procedure for referral to community agencies and medical facilities and refers as needed.	Employee comments
				6. Acknowledges the benefit of affiliation with professional organizations.	

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EMPLOYEE COMMENTS:

MY SIGNING THIS EVALUATION MEANS ONLY THAT I HAVE READ AND DISCUSSED THIS WITH MY PRINCIPAL/SUPERVISOR.

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Employee Signature Date

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Evaluator Signature Date

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**GROWTH PLAN**

**AN IMPROVEMENT PLAN SHALL BE INITIATED FOR ALL SECTIONS MARKED "NEEDS IMPROVEMENT".**

**THIS PROGRAM SHOULD INCLUDE:**

1. A statement to justify the evaluation of an indicator which "needs Improvement".
2. A series of reasonable activities and timelines for each area in which standard(s) have not been met.
3. Assistance to be offered by the principal/supervisor and /or the Improvement team.

**PERFORMANCE STANDARD AND INDICATOR MUST BE CITED IN DEVELOPING THE PLAN. THEY MUST BE CROSS-REFERENCED WITH BOARD POLICY NUMBER AND JOB DESCRIPTION NUMBER.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Evaluator Signature \_\_\_\_\_

Date \_\_\_\_\_