

4/2017

<p>1 – Satisfactory – consistently performed at a competent level</p> <p>2 – Not Satisfactory – serious deficiencies exist in this area</p> <p>N/A – Not Applicable</p>
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Name: _____
School: _____
Year: _____

CARBON COUNTY SCHOOL DISTRICT NO.2
EVALUATION OF
ASSISTANT SCHOOL NURSE

Assists School Nurse with health appraisals and detection of health problems through screening, observation, interviews and records. 1 ___ 2 ___ N/A ___

Assists School Nurse with making a referral, if there is a need of medical or dental care. Provides follow-up on referral made and assists in obtaining financial aid when needed. 1 ___ 2 ___ N/A ___

Assists School Nurse with counseling with students, parents and school associates about special needs of pupils with various health problems. 1 ___ 2 ___ N/A ___

Assists School Nurse with developing and maintaining records and makes reports necessary to carry out activities of the school health program. 1 ___ 2 ___ N/A ___

Assists School Nurse with interpretation of health needs of pupils to school personnel and assists in planning for necessary modification of the school health program. Assists School Nurse with providing health education classes such as sex education, AIDS presentations and first aid. 1 ___ 2 ___ N/A ___

Assists School Nurse with and/or provides emergency care for management of illness or injury of students. 1 ___ 2 ___ N/A ___

Assists School Nurse with coordination of school health program with community health programs and projects. 1 ___ 2 ___ N/A ___

Assists School Nurse with participation in child abuse procedures. 1 ___ 2 ___ N/A ___

Assists School Nurse with participation in IEP procedures when appropriate. 1 ___ 2 ___ N/A ___

Assists School Nurse with supervision of the school immunization clinics and diagnostic screening such as TB testing. 1 ___ 2 ___ N/A ___

Serves on advisory boards and curriculum committees when indicated (e.g.: Child Protection Team.) 1 ___ 2 ___ N/A ___

Assists School Nurse with communicating effectively and clearly the district medical concerns, scheduling of events, trainings, clinics, etc. 1 ___ 2 ___ N/A ___

Comments: _____

Each of the undersigned has reviewed this evaluation. Each understands that each item will become part of the personnel record. It is further understood that refusal to sign does not prevent the inclusion of this document in the personnel file.

Date: _____

Signature of Assistant School Nurse

Signature of Supervisor