

Revised 1/2011

Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Year: \_\_\_\_\_

1 – **Satisfactory** – consistently performed at a competent level  
2 – **Not Satisfactory** – serious deficiencies exist in this area  
N/A – **Not Applicable**

CARBON COUNTY SCHOOL DISTRICT NO.2  
EVALUATION OF  
SCHOOL NURSE

- |  |      |      |        |
|--|------|------|--------|
| 1. Responsible for health appraisals and detection of health problems through screening, observation, interviews and records.  | 1___ | 2___ | N/A___ |
| 2. Assumes responsibility for 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___ |
| 3. Counsels with students, parents and school associates with special needs of pupils with various health problems.  | 1___ | 2___ | N/A___ |
| 4. Develops and maintains records and makes reports necessary to carry out activities of the school health program.  | 1___ | 2___ | N/A___ |
| 5. Interprets health needs of pupils to school personnel and assists in planning for necessary modification of the school health program.  | 1___ | 2___ | N/A___ |
| 6. Provides health education classes such as sex education, AIDS presentations and first aid.  | 1___ | 2___ | N/A___ |
| 7. Supervises and/or provides emergency care for management of illness or injury of students.  | 1___ | 2___ | N/A___ |
| 8. Assists in coordination of school health program with community health programs and projects.   | 1___ | 2___ | N/A___ |
| 9. Participates in child abuse procedures.   | 1___ | 2___ | N/A___ |
| 10. Participates in IEP procedures when appropriate.   | 1___ | 2___ | N/A___ |
| 11. Supervises the school immunization clinics and diagnostic screening such as TB testing.  | 1___ | 2___ | N/A___ |
| 12. Serves on advisory boards and curriculum committees when indicated (eg: Child ProtectionTeam).   | 1___ | 2___ | N/A___ |
| 13. Communicates effectively and clearly the district medical concerns, scheduling of events, trainings, clinics, etc.   | 1___ | 2___ | N/A___ |
| 14. Such other duties as may be assigned from time to time.  | 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 Nurse

\_\_\_\_\_  
Signature of Supervisor