

Scotland County Schools CFST Nurse Evaluation Form

Employee: _____

Job Title: _____

Evaluator: _____

Date of Evaluation: _____

School/Department: _____

Period Covered: _____

Performance Evaluation Code: EE = Exceeds Expectations
ME = Meets Expectations

NI = Needs Improvement
UP = Unsatisfactory Performance

EVALUATION ELEMENTS	EE	ME	NI	UP	NA
I. Child and Family Support Teams					
a. Identify and coordinate community supports for children at risk					
b. Lead Child & Family Support Teams					
c. Access children to determine progress					
d. Attend trainings as required					
e. Competent in online case management system					
II. School Health Services Coordinator					
a. Assessment, planning and evaluation of health services in the school					
b. Implementation of communicable disease control					
c. Provision of professional health leadership to administrators and school staff.					
d. Documents school health activities					
e. Training of staff who provide health services					
f. Training of staff in Bloodborne Pathogens and diabetes					
III. Case Manager					
a. Identification of children with special health needs					
b. Development of emergency action plans for students at risk of medical crisis at school					
c. On-going supervision of delegated staff to assure they can safely perform tasks					
d. Manages screening programs and immunization review/follow-up					
e. Develops individual health care plans for students who need invasive procedures					
IV. Collaborator/Advocate					
a. Liaison between school and local health service agencies/providers					
b. Interpret school health mandates and recommendations to school staff					
c. Gives guidance and support to families in findings and using health services					
d. Seeks out local and other resources for use in school setting					

V. Educator					
a. Conduct in-service training for school personnel on health issues					
b. Participate in development and implementation of health promotion activities					

VI. Counselor for Health Concerns					
a. Health Counselor for students and their families					
b. Interpretation of students' health needs to school personnel					

VII. Professional Practice					
a. Adhere to NC Nurse Practice Act					
b. Models professional behaviors					
c. Practice in accordance with federal and state laws, statutes and policies					
d. Assume responsibility for professional growth					
e. Documentation of services rendered to include records, reports, activities, health care plans, accommodations and medical interventions					

Evaluator's Summary Comments:

Employee's Reactions to Evaluation (Use attachment)

Recommended Not Recommended for Employment for _____ - _____ school year.

Immediate Supervisor Signature/Date

Employee's Signature/Date