

Record of School Nurse Evaluation Activities (Required)

Name: _____ ID#: _____

School: _____ Year: _____

Position/Assignment: _____

Evaluator: _____ Title: _____

School Nurse Background: (Briefly describe the school nurse’s educational background, years of experience, assignment, and any other factors that may impact the evaluation)

The North Carolina School Nurse Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	School Nurse Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation			
Post-Observation Conference			
Summary Evaluation Conference			
Professional Growth Plan Completed			