



ANDERSON UNION HIGH SCHOOL DISTRICT DISTRICT NURSE EVALUATION

Employee: _____ School Year: _____

School: _____ Date of formal evaluation: _____

Subject Area: _____ Date of initial conference: _____

Evaluator: _____ Date of final conference: _____

Status: Prob I Prob II
 Tenured Other: _____ Year of next evaluation: _____

Rating: (NI and/or U requires justification) **M** = Meets or exceeds criteria **U** = Unsatisfactory
NI = Needs improvement **NA** = Not applicable/not observed

I. PROFESSIONAL ATTITUDES, ATTRIBUTES & CONDUCT	Rating	Commendations / Recommendations / Evidence
A. Exhibits professional appearance		
B. Demonstrates initiative, self reliance, enthusiasm, and a commitment to professional development and life-long learning		
C. Models effective oral and written communication		

II. PROFESSIONAL RELATIONSHIPS	Rating	Commendations / Recommendations / Evidence
D. Communicates with students, parents, and colleagues in a clear, timely and relevant manner concerning health related matters		
E. Serves as liaison and provides appropriate referrals to community agencies (CCS, CHDP, SCPH/ care providers)		

III. PROFESSIONAL SKILLS AND ADHERENCE TO CURRICULAR GOALS	Rating	Commendations / Recommendations / Evidence
F. Completes mandated screenings in the district: vision, hearing, scoliosis and makes appropriate referrals		



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IV. HEALTH PROGRAM ENVIRONMENT	Rating	Commendations / Recommendations / Evidence
G. Takes necessary precautions to maintain screening equipment and materials to mandated standards		
H. Establishes and maintains a comprehensive school health program		
I. Participates in the formulation of program goals, plans and decisions		
J. Implements nursing actions to promote, maintain, or restore health, prevent illness and effect rehabilitation		

V. RELATED PROFESSIONAL RESPONSIBILITIES	Rating	Commendations / Recommendations / Evidence
K. Consistently implements, upholds and models school rules and district and state laws and regulations		
L. Maintains accurate and appropriate health records as required by law and District policy and procedures		
M. Attends and participates in faculty and District meetings as required		



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SUMMARY EVALUATION REPORT

SECTION I: Comments by Administrator

SECTION II: Composite Evaluation

If marked "requires Improvement" or "Unsatisfactory",
Performance Evaluation Addendum must be completed.

Meets or exceeds standards Needs improvement Unsatisfactory

SECTION III: Comments by Employee

Employee may also attach additional written response
If additional comments are attached, check here:

ADMINISTRATOR:

CERTIFICATED EMPLOYEE:

*I certify that this report has been discussed with me. I understand my
signature does not necessarily indicate agreement.*

Signature

Signature

Title