

# Unit 10

# NURSE EVALUATION REPORT

Employee: Click here to enter text. Job Title: Click here to enter text.

Employee ID #: Click here to enter text. Location: Click here to enter text.

Supervisor: Click here to enter text. Date of Evaluation: Click here to enter text.

Permanent  Probationary

|  |  |  |  |  |  | Illustrative Examples (Required if rating is below expectations or improvement needed) |
| --- | --- | --- | --- | --- | --- | --- |
| JOB PERFORMANCE (See Attachment) | | | | | | |
| Demonstrates professional nursing ability & knowledge of developmental, clinical & educational processes. |  |  |  |  | Click here to enter text. | |
| Regularly provides medications, first aid & emergency treatment |  |  |  |  | Click here to enter text. | |
| Conducts required screening programs |  |  |  |  | Click here to enter text. | |
| Initiates referral and follow-up relevant to unmet health needs of students |  |  |  |  | Click here to enter text. | |
| Maintains accurate, updated records of health information on all students |  |  |  |  | Click here to enter text. | |
| Meets deadlines when required (state mandates, monthly reports, Medicaid & PST reports) |  |  |  |  | Click here to enter text. | |
| Seeks training development opportunities |  |  |  |  | Click here to enter text. | |
| Accepts direction/supervision |  |  |  |  | Click here to enter text. | |
| Works well with students |  |  |  |  | Click here to enter text. | |
| Works cooperatively with staff |  |  |  |  | Click here to enter text. | |
| Portrays a positive image to the public |  |  |  |  | Click here to enter text. | |
| Thinks creatively to solve problems |  |  |  |  | Click here to enter text. | |
| Performs duties in a safe manner |  |  |  |  | Click here to enter text. | |
| Adapts to changing situations/priorities |  |  |  |  | Click here to enter text. | |
| Follows SCSD policies and procedures |  |  |  |  | Click here to enter text. | |
| JOB PERFORMANCE | | | | | | |
| **Work Habits:** (See Attachment) | | | | | | |
| Regularly Punctual |  |  |  |  | Click here to enter text. | |
| Is regular in attendance |  |  |  |  | Click here to enter text. | |
| Uses SCSD equipment & tools correctly |  |  |  |  | Click here to enter text. | |

**SUPERVISOR COMMENTS/FEEDBACK:   
  
  
  
  
  
  
  
  
PRINCIPAL COMMENTS/FEEDBACK:   
  
  
  
  
  
  
EMPLOYEE COMMENTS/FEEDBACK:**

*I have reviewed the above and have the following comments:*

**(FOR PROBATIONARY EMPLOYEES ONLY)**

WOULD YOU RECOMMEND THIS PERSON FOR CONTINUED EMPLOYMENT?  YES  NO

**Signature of Employee:**  **Date:**

**Signature of Supervisor:**  **Date:**

**Signature of Principal:**  **Date:**

**Copies to:**

Supervisor  Principal/Administrator

Employee  Personnel File