

# 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