

Morgan Hill Unified School District
Standards Checklist with Narrative Summary – Nurses

METHOD OF EVALUATION

- Administrative – Observation Dates: _____
- Partner/Peer – Observation Dates: _____
- Self – Evidence for Self-Evaluation: _____

NAME _____ ASSIGNMENT _____ DATE _____

SCHOOL/LOCATION _____ EVALUATOR _____

CERTIFICATED STATUS (Check One):

- Permanent Temporary Probationary 1st Year 2nd Year 3rd Year

| | | | | |
|---|---|---|---|---|
| 1 = Practice Does Not Meet Standard (<i>Unsuccessful on Continuum</i>) | | | | |
| 2 = Practice Partially Meets Standard (<i>Beginning/Needs Improvement on Continuum</i>) | | | | |
| 3 = Practice Meets Standard (<i>Successful on Continuum</i>) | | | | |
| 4 = Practice Exceeds Standard (<i>Integrating/Exemplary or Innovating on Continuum</i>) | | | | |
| | 1 | 2 | 3 | 4 |

1. Program Management: Assessing, Developing and Implementing Health Programs

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.1 Maintains student health data and records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 Coordinates, trains and instructs Health Clerks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 Pursues opportunities for professional growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 Interacts with community agencies, resources and/or representatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.5 Interacts with parents and/or family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.6 Interacts and collaborates with site staff and administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Collaboration within the School

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 2.1 Collaborates to meet students' health, developmental and educational needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 Advocates for students and families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 Functions as a school/home liaison | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Health Education: Facilitates Positive Health Attitudes, Values and Beliefs

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 3.1 Develops and implements health education activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 Provides classroom instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Professional Development: Assumes Responsibility for Professional Development

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 4.1 Evaluates own nursing practice in relation to professional practice standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 Evaluates, acquires, and maintains current knowledge in nursing practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 Participates in professional organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Community Health: Using Community Resources

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 5.1 Works with individuals, public and private agencies, and/or community groups to meet student health needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 Interprets school health needs to promote broader community health practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Policies, Statutes and Regulations: Complies with Legal Guidelines

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 6.1 Complies with site, district, state, and federal mandates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 Evaluates methodology for mandated screenings for thoroughness and efficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 Provides required special education health assessments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Nursing Process: Collects and Uses Health Information

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|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 7.1 Collects information about the health and developmental status of students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 Develops a nursing care plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 Evaluates student responses to nursing actions to determine progress made toward achievement of goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Fulfilling Professional Responsibilities

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 8.1 Establishes and maintains effective relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2 Complies with established site, district, and state regulations, rules, policies, contracts, and laws | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.3 Completes assigned reports and fulfills duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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NARRATIVE SUMMARY: (attach additional sheets or type into the document) Should include the following:

1. If any elements checked "4 Exceeds Standards", specific commendations relative to the standards may be included.
2. Comments pertaining to progress toward professional goal(s).
3. If any elements checked 1 "Unsuccessful" or 2 "Beginning/Needs Improvement", specific recommendations for improvement for each area of deficiency need to be listed.
4. For a unit member with an overall rating below "Successful", a remediation plan, aligned with the Narrative Summary, needs to be written with suggestions for remediation in the specific areas of deficiency, recommended support through the upcoming evaluation cycle, and realistic timelines for improving in each area of deficiency.

OVERALL EVALUATION RATING

- Does Not Meet Standards (*Unsuccessful on Continuum*)
- Partially Meets Standards (*Beginning/Needs Improvement on Continuum*)
- Meets Standards (*Successful on Continuum*)
- Exceeds Standards (*Integrating/Exemplary or Innovating on Continuum*)

EVALUATEE SIGNATURE

DATE

EVALUATOR SIGNATURE

DATE

This signature will be considered an acknowledgement of having read and discussed this form, not an agreement with the content. Unit members who have an overall evaluation lower than "successful" are encouraged to invite a MHFT representative to the summary evaluation conference in order to create the required remediation plan.