



WENATCHEE
SCHOOL DISTRICT

Wenatchee School District Nurse Evaluation

School Nurse: _____ Building: _____ Date: _____

Please, provide feedback for the nurse that reflects their clinical/professional performance. If there is an area marked 'Disagree' or 'Strongly Disagree', you must leave a comment.

Please, Circle the option that most closely reflects your assessment

<p>1. _____ Student-Centered Care: The nurse demonstrates the following: : _____ <u>Able to organize and prioritize safe, appropriate care and delegate to school staff</u> : _____ <u>Performs interventions and nursing skills safely and in a timely manner</u> : _____ <u>Is prepared for daily tasks and uses appropriate resources</u></p>				
<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
<p><u>Comments:</u></p>				

<p>2. _____ Collaboration: The nurse demonstrates the following: : _____ <u>Coordinates student care in collaboration with other members of the educational/healthcare team</u> : _____ <u>Delegates student care appropriately</u> : _____ <u>Effectively collaborates with other healthcare team members and school staff</u></p>				
<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
<p><u>Comments:</u></p>				

<p>3. _____ Communication: The nurse demonstrates the following: : _____ <u>Uses effective and timely communication with student, their families, and school staff</u> : _____ <u>Receives feedback from school staff and seeks to improve performance</u> : _____ <u>Documents nursing care using Skyward</u></p>				
<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
<p><u>Comments:</u></p>				

<p>4. Professionalism: The nurse demonstrates the following:</p> <ul style="list-style-type: none"> · Follows school district policies and procedures · Actively seeks opportunities to improve skills and optimize professional growth · Takes responsibility for own behavior, decisions, and actions 				
<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
<p><u>Comments:</u></p>				

Please list any strengths:

Please list any areas of improvement:

RN Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____