

School Nurse Self Evaluation (HEA-F127)

Rate yourself in the following categories, from one to five. 1 = Unacceptable,
2 = Improvement Needed, 3 = Meeting Expectations, 4 = Exceeding
Expectations Set, and 5 = Outstanding

| | | | | | | |
|-----|--|---|---|---|---|---|
| 1. | Attendance | 1 | 2 | 3 | 4 | 5 |
| 2. | Dependability | 1 | 2 | 3 | 4 | 5 |
| 3. | Loyalty/Positive public relations to school/district | 1 | 2 | 3 | 4 | 5 |
| 4. | Leadership within your school | 1 | 2 | 3 | 4 | 5 |
| 5. | Time Management Skills | 1 | 2 | 3 | 4 | 5 |
| 6. | Reports and Record Keeping/Accuracy | 1 | 2 | 3 | 4 | 5 |
| 7. | Communication/Customer service with students, parents, staff, admin, and supervisors | 1 | 2 | 3 | 4 | 5 |
| 8. | Safety, sanitation, and organization of your Clinic | 1 | 2 | 3 | 4 | 5 |
| 9. | Decision Making Skills | 1 | 2 | 3 | 4 | 5 |
| 10. | Maintaining Confidentiality/Privacy/FERPA | 1 | 2 | 3 | 4 | 5 |
| 11. | Knowledge of CMCSS Health Policies | 1 | 2 | 3 | 4 | 5 |
| 12. | Overall work performance | 1 | 2 | 3 | 4 | 5 |

13. What objectives/career goals do you have for this next period/year?

14. Name three things you have done really well in the last year.

1.

2.

3.



15. Which areas would you like to develop professionally in the coming year?
What support do you need to do that? (i.e. training, tools, coaching, mentoring
from more experienced colleagues)

16. Do you have other strengths that you feel are not currently being utilized?

17. Do you need extra resources or training to do your job?

18. What could your supervisor do to help you achieve your professional
development goals?

School Nurse: _____
(Printed) (Signature)

School Assigned: _____

Signature: _____ Date: _____

Nursing Supervisor: _____ Date: _____
(Signature)