**CERTIFICATED STAFF**

**Timeline for Evaluating Permanent and Probationary**

|  |  |
| --- | --- |
| **PROBATIONARY EMPLOYEES CYCLE (2 Years)** | |
| **Activities** | **Timeline** |
| 1. Group Orientation | Within 10 days of hire or the beginning of school, whichever is sooner. |
| 2. Orientation Conference | Prior to October 1 |
| 3. Pre-Observation Conference (minimum of two) | One prior to December 20  One prior to March 1 |
| 4. Formal Observation ***(Form: FOF001)*** | One prior to January 15  One prior to March 1 |
| 5. Post Observation  ***(Form: FOF001)*** | Within five working days of Formal Observation |
| 6. Informal Observation Notation ***(Form: IOF001)***  ***(Minimum of two in probationary period)*** | It is expected that there will be informal contacts throughout the school year including professional observations such as parent conferences, IEPs, student meetings, agency meetings, or other opportunities outside the instructional setting. |
| 7. Summative Report ***(Form: SERF001)*** | Due prior to Summative Conference (30 calendar days before the end of the school year) |
| 8. Self-Evaluation Verification ***(Form: SEF001)***  9. Summative Conference | Due on or before April 1 |
| 10. Upon successful completion of probation, the first year as a permanent employee, the teacher shall not be formally evaluated. | None. |

|  |  |
| --- | --- |
| **Permanent Employees Formal Evaluation** | |
| **Activities** | **Timeline** |
| * Individual Orientation Conference | November 15 |
| * Formal Observation Cycle ***(Form: FOF001)* 🟏** | Prior to March 1 |
| * Informal Observation ***(Form: IOF001)*** | Ongoing (see Definitions) |
| * Self-Evaluation Verification ***(Form: SEF001)*** * Summative Evaluation - | Due 30 days before the end of the school year |

**Certificated School Nurse Evaluation Form**

|  |  |
| --- | --- |
| **Employee Name:** | **Classification:** |
|  |  |
| **Department:** | **Rating Period:** |

**OVERALL EVALUATION RATING**

**(COVER page)**

**Check one:**  **Formal Evaluation**  **Temporary**

**The employee is to be given a general rating which is felt to best describe his/her overall performance. Comments in support of the rating should be included.**

**PROBATIONARY:**

**1.** At this time the employee’s overall performance meets or exceeds the standards and requirements of the San Luis Obispo County Office of Education. The employee will be recommended for employment/reemployment.

**2.** The employee is not meeting the standards and requirements of the San Luis Obispo County Office of Education. The employee will not be recommended for employment/reemployment.

**PERMANENT:**

**1.** At this time the employee’s overall performance meets or exceeds the standards and requirements of the San Luis Obispo County Office of Education. The employee will be recommended for employment/reemployment.

**2.** At this time, the permanent employee has an unsatisfactory evaluation and does not meet the standards in one or more performance areas. A Performance Improvement Plan will be completed for unsatisfactory areas of performance and areas needing improvement. Also, the employee will be referred to the Peer Assistance Program.

***NOTE: Prior to completing the final probationary evaluation, the supervisor must review the evaluation with the Chief Human Resources Officer. To Schedule an appointment with the Chief Human Resources Officer, call the Human Resources Division Secretary at 782-7233.***

|  |
| --- |
| **Narrative Summary Evaluation:** |

|  |
| --- |
| **Response: (Employee has the right to initiate a written rebuttal to the performance evaluation within five (5) working days. Such response shall become a permanent attachment to the employee’s personnel file.)** |

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Note: A signature on this performance evaluation does not mean that the employee agrees with the opinions expressed, but merely indicates that the employee has read the performance evaluation and has been given the opportunity for discussion, comments, and written response.)*

**Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief HR Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Original: Human Resources Department Copy: Employee Copy: Personnel File***

**CERTIFICATED SCHOOL NURSE**

**SUMMATIVE EVALUATION REPORT FORM**

**DIRECTIONS:**

Place a check mark on the appropriate line for the rating of each criterion. A comment space has been provided. Use of this space is encouraged. When a Needs Improvement or Unsatisfactory rating is given, comments must be written. Each criterion is to be rated.

**DEFINITIONS**:

**Meets/Exceeds Job Expectations:** There is evidence that this effective behavior and/or professional responsibilities meets and/or exceeds job expectations.

**Needs Improvement/Growth Area**: There is evidence that many of the components of effective behavior and/or professional responsibilities have not been met and needs improvement/growth. Growth areas are identified to improve areas needing improvement.

**Unsatisfactory:** There is evidence that this effective behavior and/or professional responsibilities is not exhibited with any degree of quality and performance is unsatisfactory.

|  |  |
| --- | --- |
| **Performance Areas/**  **Criteria** | **Levels of Performance (Mark One)** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Demonstrates effective planning skills.**  Uses nursing time, materials and resources appropriately; Prioritizes student needs and nursing responsibilities in planning each day; meets deadlines. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Plans effective workday schedule to maximize efficiency; uses the right material for the needs of the students; completes assigned work on or before deadlines. |  | Work schedule is not consistently planned to meet the needs of students; materials used do not address needs/issues or are not effective; deadlines are inconsistently met. |  | No work schedule exists to meet student needs; lacks knowledge or planning skills to use materials effectively; consistently fails to meet deadlines or completes work. | | |
| Comments: | | | | | |  | | |
| **2. Manages Communicable Disease and Immunization Surveillance Programs.**  Collaboration with Public Health Department and community health providers including reports, exclusions and professional updates. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Responds promptly when aware of communicable diseases; makes timely reports to health department, administration, affected individuals and families, and physicians (as necessary); assures that communicable disease letters/notifications are sent out in a timely manner; keeps accurate list of students with immunization waivers; follows up on illness exclusion and follows procedures for student to return to school; reviews health trends to assist with planning; assures immunization records are up to date. |  | Inconsistent response to communicable diseases; does not provide timely reports to health care providers on a consistent basis; does not consistently follow up on exclusions; fails to monitor health trends; immunization records are not kept up to date. |  | Fails to report communicable diseases or consistently does not follow protocols for reporting. | | |
| Comments: | | | | | |  | | |
| **3. Provides strategic planning**  **and input.**  Contributes to the development or revision of the school health program, policies and procedures; developing new opportunities or trainings; able to meet changing needs of the program. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Attends and actively participates in planning meetings; provides usable input for planning; completes assigned planning tasks; provides input on trainings for nursing needs as well as classroom nursing needs. |  | Inconsistently attends planning meetings and rarely participates in discussions; does not complete assigned planning tasks as required and makes errors; does not demonstrate a strong understanding of department/classroom nursing needs. |  | Does not participate in planning; does not demonstrate an understanding of the needs of the classrooms or department. | | |
| Comments: | | | | | |  | | |
| **4. Provides Nursing Care.**  Episodic triage; collaboration with families, staff and community resources; documentation, assessments, interventions, referrals, reporting, and evaluations that follow standards of practice. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Able to prioritize care (episodic triage); collaborates with families, staff and the community to meet the needs of the individual child; coordinates care; demonstrates competent nursing skills; demonstrates an ability to effectively assess and intervene when student needs health care; writes effective and appropriate healthcare plans; demonstrates effective evaluation used in the IEP process (e.g., initial assessments, annual assessments, and triennial assessments). |  | Demonstrates marginal nursing skills; healthcare plans do not meet the needs of students; does not adequately address everyday student healthcare needs; does not write descriptive or useful assessments as required by the IEP process |  | Does not demonstrate effective nursing skills; actions taken place students at risk; does not have the ability to effectively address everyday student healthcare needs; healthcare plans are poorly written and do not address the needs of the students. | | |
| Comments: | | | | | | |  | |
| **5. Coordinates and complies**  **with mandated health screenings, procedures, and regulations.**  Scheduling; notices; conducting; documentation; reporting; referrals and follow-ups; accurately documents medical care provided for children and students; and related case management documentation. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Coordinates mandated health screenings following education code requirements; coordinates screenings with outside healthcare providers; appropriately documents screenings and assures that these are filed in correct place; assists and follows up with families when screenings identify student healthcare issues; works with community providers to help children and families receive necessary care. |  | Inadequate planning for screenings; inconsistent follow up with families; does not file reports in a timely manner; does not consistently share information with school staff; does not consistently follow up with community health care providers; inconsistently follows education code regulations. |  | Fails to plan mandated screenings; fails to follow education code regulations; does not follow up with families or community health care providers; does not provide written documentation of screenings; fails to assure that documentation is placed in student’s permanent file. | | |
| Comments: | | | | | | |  | |
| **6. Provides health and safety teaching/counseling to staff, students and families.**  All staff presentations; individual and site information and trainings; notices regarding health issues; pregnancy and birth control counseling; health counseling for families (medication, treatments, etc.) | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Plans and coordinates all-staff, and site/classroom specific training; Adapting health notices and sending them out in a timely manner; counseling regarding illnesses, medications, medication administration, other health related issues such as pregnancy counseling and birth control; provides information and assistance for mental health referrals; provides information and assistance for diabetes, allergies, asthma, dental concerns, epi-pens, classroom sanitation, communicable disease prevention, obesity, and nutrition. |  | Presentations and trainings are not organized and not effective; demonstrates a lack of relevancy or information is not up to date/current. |  | Fails or refuses to provide all-staff, individual staff, or site/ classroom specific training; fails to adapt or send out notices; fails or refuses to provide appropriate and valid medical counseling/ presentations; fails or refuses to provide accurate and up to date medical information. | | |
| Comments: | | | | | | |  | |
| **7. Follows SLOCOE organizational regulations and policies; and state related laws, regulations, education codes.** | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Completes mandated paperwork in a timely manner; follow health and safety protocols and laws related to school nursing; follows organizational policies and procedures |  | Does not complete paperwork by deadlines or in a timely manner; inaccurate log entries; inconsistently follows safety protocols and laws related to school nursing; |  | Does not complete paperwork; does not follow safety protocols; does not go to assigned school sites; fails or refuses to follow school nursing laws, regulations, and organizational policies and procedures. | | |
| Comments: | | | | | | |  | |
| **8. Nursing Case Management.**  Uses nursing time, materials and resources appropriately; Prioritizes student needs and nursing responsibilities in planning each day; meets deadlines. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Determines level of care/licensure necessary to assure student safety and care; works with staff to develop schedules for medications, feeding, and other health care delivery; develops individualized health care plans and trains staff on their implementation; continuously evaluates health care plans and assessments; assures staff competence regarding medication administration and health care procedures; provides accurate input at IEP meetings. |  | Does not accurately determine necessary levels of care on a consistent basis; schedules for medication administration, feeding and other health care delivery is disorganized and/or ineffective; does not write health care plans with appropriate amounts of detail or does not write accurate health care plans; does not continuously monitor health care plans and assessments; inconsistent evaluation of staff for competence regarding medication administration and health care procedures. |  | Determination of necessary student health care is consistently inaccurate; refuses to write or consistently writes inaccurate and/or sloppy individualized health care plans; does not evaluate staff for competence; does not participate in IEP meetings or information shared is consistently inaccurate. | | |
| Comments: | | | | | | | |  |
| **9. Demonstrates appropriate student advocacy that supports**  **a quality school health program.**  Reasonable accommodation; access to care issues; clarifies physician orders when necessary; maintains confidentiality; motivates others to support and deliver student healthcare. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Assures that identified student health needs are appropriately accommodated within the school program; assures that all families and students are able to navigate and access health care; clarifies or questions physicians’ orders when appropriate or necessary; honors student confidentiality; supports others to accurately deliver student health care. |  | Inconsistently works with staff and families to appropriately accommodate student health care needs; does not follow through with student and family needs to navigate and access student health care; reluctant to clarify or question physician orders which may be inappropriate; does not maintain confidentiality on a consistent basis; inconsistently supports others to accurately deliver student health care. |  | Does not work to develop student health accommodations; does not assist families in navigating or accessing health care; does not advocate for student health and safety; does not maintain confidentiality; inconsistently supports others to deliver health care. | | |
| Comments: | | | | | | | |  |
| **10. Seeks professional growth opportunities.**  Attends continuing education and seeks professional collaboration to update knowledge and stay current with school nursing standards, laws, resources, and evidenced based practices; builds strong relationships with the medical community to support professional growth and development. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Attends continuing education and seeks professional collaboration to update knowledge on current school nursing standards, laws, resources, and evidence based practices; Maintains licensure; builds and maintains relationships with the medical community including physicians, county department of health, county mental health, CCS, hospitals, clinics, dentists, etc. |  | Does not keep current on school nursing standards, laws, resources, and evidenced based practices by participating in professional growth opportunities; Licensure lapses; does not cultivate relationships with the local medical community. |  | Fails to maintain license; does not participate in professional growth opportunities and/or stay current on school nursing standards, laws, resources, and evidenced based practices which affects their knowledge to be effective; struggles to build effective relationships with the local medical community. | | |
| Comments: | | | | | | | |  |
| **11. Collaboration, Interpersonal Skills, and Professionalism.**  Collaborates with others to build consensus and teamwork; maintains effective interpersonal relationships; communicates effectively; acts in a professional, respectful and caring manner sensitive to the needs of families and children; treats others with respect. | **X** | **Meets/Exceeds Job Expectations** | **X** | **Needs Improvement/ Growth Area** | **X** | **Unsatisfactory Job Performance** | | |
|  | Collaborates with others to build consensus and teamwork; maintains effective interpersonal relationships; communicates effectively with nurses, other staff, administration, families, and the medical community in general; acts in a professional manner; shows respect and care for others; sensitive to the needs of families and children; follows the SLOCOE civility policy. |  | Does not consistently collaborate with others to build consensus and teamwork; does not show respect and care for others on a consistent basis; does not build consensus around solutions; does not support positive relationships with others; at times lacks sensitivity to the needs of families and children; inconsistently follows the SLOCOE civility policy. |  | Does not build teamwork or consensus with others; has a negative impact on the team and operations; fails or refuses to communicate in a positive and respectful manner with other staff, parents, students and the medical community; fails to show sensitivity to the needs of families and children; fails to follow the SLOCOE civility policy. | | |
| Comments: | | | | | | | |  |

**Employee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: A signature on this performance evaluation does not mean that the employee agrees with the opinions expressed, but merely indicates that the employee has read the performance evaluation and has been given the opportunity for discussion and written comment. The employee has the right to initiate a written rebuttal to all or part of the performance evaluation within five (5) working days. Such response shall become a permanent attachment to the employee’s personnel file.)

**Evaluator’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewer’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATED NURSING STAFF**

PERFORMANCE IMPROVEMENT PLAN

|  |
| --- |
| **Employee Assignment Date** |
|  |

|  |  |
| --- | --- |
| **Unsatisfactory Performance Areas:**  ***(Check one or more)***  **Demonstrates Effective Planning Skills**  **Manages Communicable Disease and Immunization Surveillance Programs**  **Long term planning**  **Provides Nursing Care**  **Coordinates and Complies with Mandated Health Screenings, Procedures and Regulations**  **Provides Health and/or Safety Teaching/Counseling to Staff, Students and Families** | **Follows SLOCOE organizational regulations and policies; and state related laws, regulations, and Ed Code**  **Nursing Case Management**  **Demonstrates Appropriate Student Advocacy that supports a Quality School Health Program**  **Seeks Professional Growth Opportunities**  **Collaboration, Interpersonal Relationships, and Professionalism** |

**PERFORMANCE IMPROVEMENT PLAN DETAIL**

|  |
| --- |
| Performance evaluation factor(s) or area(s) of concern: |
|  |
| Job expectation(s) related to performance evaluation factor(s) or area(s) of concern: |
|  |
| Supervisor’s assessment (description of specific performance deficiencies): |
|  |
| Specific improvement(s) required (include date for follow-up & timeframe for improvement): |
|  |

**PERFORMANCE IMPROVEMENT PLAN DETAIL**

|  |
| --- |
| Performance evaluation factor(s) or area(s) of concern: |
|  |
| Job expectation(s) related to performance evaluation factor(s) or area(s) of concern: |
|  |
| Supervisor’s assessment (description of specific performance deficiencies): |
|  |
| Specific improvement(s) required (include date for follow-up & timeframe for improvement): |
|  |

|  |
| --- |
| Performance evaluation factor(s) or area(s) of concern: |
|  |
| Job expectation(s) related to performance evaluation factor(s) or area(s) of concern: |
|  |
| Supervisor’s assessment (description of specific performance deficiencies): |
|  |
| Specific improvement(s) required (include date for follow-up & timeframe for improvement): |
|  |

**USE ADDITIONAL SHEETS, IF NECESSARY**

|  |
| --- |
| **This PIP was:**  **Fully Accomplished**  **Partially Accomplished**  **Not Accomplished** |
| **EVALUATOR’S COMMENTS:**  (*Include reference to and comments regarding evidence that the PIP was met in the comments above.)*    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **Signature Date** |
| **EMPLOYEE’S COMMENTS:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date** |