## SAN ANTONIO INDEPENDENT SCHOOL DISTRICT LVN EVALUATION RECORD

NAM	TE: CAMI	PUS:					
POS	ITION: SCHO	OOL YE	AR:				-
EMP	PLOYEE ID # DATE	C:					
PE	ERFORMANCE RATING SCALE						
<b>EE</b> - 1	Exceeds Expectations <b>ME</b> - Meets Expectations <b>BE</b> - Below Expec	etations	<b>U</b> -Unsa	tisfactor	ry <b>N</b> A	<b>A</b> -Not Ap	plicable
I.	CLINIC MANAGEMENT AND SERVICES						
1.	Demonstrates and utilizes knowledge of approved protocols, methods and techniques of school nursing.	EE	ME	BE	U	NA	٦
							_
2.	Administers medication and treatments as ordered by the health care provider which are in accordance with SAISD policy, procedures and health care plan provisions.	EE	ME	BE	U	NA	
3.	Implements the growth screening, blood pressure screening and acanthosis nigricans screening programs.	EE	ME	BE	U	NA	٦
4.	Implements the vision screening program.	EE	ME	BE	U	NA	_
5.	Implements the hearing screening program.	EE	ME	BE	U	NA	
J.	implements the hearing screening program.	1515	IVIE	DE			]
6.	Implements and/or provides support for spinal screening, dental screening, and athletic physical screening programs.	EE	ME	BE	U	NA	]

7.	Maintains student immunization records electronically	EE	ME	BE	U	NA
	and at an acceptable level of compliance.					
8.	Performs nursing assessments by collecting data,	EE	ME	BE	U	NA
	planning nursing care, providing appropriate nursing intervention and evaluating results within the LVN Scope of Practice as stated by the Texas Board of Nursing.					
9.	Maintains adequate supplies and equipment in the clinic.	EE	ME	BE	U	NA
0.	Identifies signs and symptoms of communicable disease	EE	ME	BE	U	NA
	and follows appropriate infectious disease control protocols.					
1.	Documents and maintains health related information	EE	ME	BE	U	NA
	confidentially, and as applicable electronically, according to department protocols.					
2.	Clinic area meets approved criteria of safety and security according to District standards.	EE	ME	BE	U	NA
3.	Compiles information or data, produces appropriate reports and submits as required.	EE	ME	BE	U	NA
Com	ments:					
II.	SCHOOL/COMMUNITY RELATIONS					
14.	Actively promotes and participates in campus-based and District activities that promote wellness and provide health education to students, families, staff, and community	EE	ME	BE	U	NA
	members.		•		•	•

5.	Notifies families of students' health needs and assists	EE	ME	BE	U	NA
	families in accessing community resources as needed.					
5.	Works collaboratively with students, families, campus	EE	ME	BE	U	NA
<b>.</b>	staff and community healthcare providers regarding health issues in compliance with the Family Educational Rights					
	and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA) guidelines.					
7.	Demonstrates the core values of the District in interactions with students, families and colleagues.	EE	ME	BE	U	NA
	with students, families and coneagues.					
8.	Establishes and maintains effective communication with students, families, staff and community members.	EE	ME	BE	U	NA
Comi	ments:					
Comi	ments:					
Comi	ments:					
Com:	ments:					
	I. PROFESSIONAL STANDARDS AND CONDUCT					
III	I. PROFESSIONAL STANDARDS AND CONDUCT  Observes professional and ethical standards in accordance	EE	ME	BE	U	NA
III	I. PROFESSIONAL STANDARDS AND CONDUCT	EE	ME	BE	U	NA
	Observes professional and ethical standards in accordance with TEA Code of Ethics and the Nurse Practice Act.					
	I. PROFESSIONAL STANDARDS AND CONDUCT  Observes professional and ethical standards in accordance	EE	ME	BE BE	U	NA NA
9. 0.	Observes professional and ethical standards in accordance with TEA Code of Ethics and the Nurse Practice Act.  Adheres to all state and federal laws, the Texas Department of State Health Services guidelines, and District policies					
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9. 20. 21.	Observes professional and ethical standards in accordance with TEA Code of Ethics and the Nurse Practice Act.  Adheres to all state and federal laws, the Texas Department of State Health Services guidelines, and District policies and procedures.	EE	ME	BE	U	NA

## IV. PROFESSIONAL GROWTH AND DEVELOPMENT

22.	Maintains required licensure and certifications.	EE	ME	BE	U	NA
23.	Provides evidence of participation in continuing education programs designed to increase knowledge and skills in the	EE	ME	BE	U	NA NA
	practice of school nursing.		-		1	
Comm	nents:					

Improvement Plan was given to employe	Date Received Implementation date
Improvement Plan was not given to emp	loyee.
Paraprofessional Signature	Date Received
Appraiser Signature	<b>Date Completed</b>
Title:	Conference Date:
I do agree	e will follow reviewed and received a copy of this evaluation.)
The signature of the paraprofessional indicates that he/she has  This section is to be completed only if additional documentation paraprofessional's evaluation after the first appraisal period has	on is used that will result in a change of the sended. In this instance, the paraprofessional
	on is used that will result in a change of the sended. In this instance, the paraprofessional
The signature of the paraprofessional indicates that he/she has This section is to be completed only if additional documentation paraprofessional's evaluation after the first appraisal period has must receive and sign for a copy of the adjusted evaluation received.	on is used that will result in a change of the sended. In this instance, the paraprofessional ord.