**School Nurse Evaluation Form**

**School Nurse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
School/Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Principal or Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **1. Student Health Management**

* **Accuracy in Assessing Student Health Needs:**
* **Proficiency in Administering First Aid and Emergency Care:**
* **Maintenance of Health Records:**

#### **2. Communication with Students, Parents, and Staff**

* **Approachability and Communication with Students:**
* **Informative Communication with Parents:**
* **Collaboration with Teachers and Staff on Health Matters:**

#### **3. Health Education Programs**

| **Health Topic** | **Date Conducted** | **Participants** | **Feedback** |
| --- | --- | --- | --- |
| **Hygiene Practices** |  |  |  |
| **Nutrition and Wellness** |  |  |  |
| **Mental Health Awareness** |  |  |  |

#### **4. Evaluation Summary**

* **Notable Strengths:**
* **Recommendations for Improvement:**

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
School Nurse’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**