

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:** _____