**NEVADA EDUCATOR PERFORMANCE FRAMEWORK**

**2018-2019 SCHOOL NURSE EVALUATION SUMMATIVE RATING TOOL**

**EDUCATIONAL PRACTICE**

|  |  |
| --- | --- |
| School Nurse Name: Click here to enter text. | School Name: Click here to enter text. |
| Date: Click here to enter a date. | Evaluator: Click here to enter text. |
| Dates of Observations: Click here to enter text. | Dates of Conferences: Click here to enter text. |

# SECTION 1: Domain Scores

*The evaluator uses the rubrics and evidence recorded throughout the cycle for determining performance (levels 1-4 whole numbers only).*

**Instructions:** To insert scores, double click the table below to allow access to the embedded Excel spreadsheet.

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# SECTION 2: Summary of Evidence

**I, Click here to enter text., have received a copy of the signed observation notes which identifies two required pieces of evidence for each indicator, as well as evidence toward my Professional Practice Goal.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Nurse signature)

# SECTION 3: Narrative and Final Rating

| **Professional Practice Strengths/Areas for Growth and Evidence**   * For all school nurses, list any performance strengths. * For all school nurses with the summative rating of Ineffective, Developing, or Effective, include any areas for growth. * For school nurses earning the Performance Levels of 1 or 2 for any Professional Practice Indicators, list the directions from the pre-/post-observation conference notes or the observation evidence tool already issued. * If a division/department goal(s) is determined, list the goal(s) for all school nurses. |
| --- |
| Click here to enter text. |

| **Professional Practice Goal Progress**   * Include a statement regarding the result of the school nurse’s Professional Practice Goal. |
| --- |
| Click here to enter text. |

**SCORE RANGES**

| **Overall Score Range\*** | **Final Rating** |
| --- | --- |
| **\*TBD** | **Highly Effective** |
| **\*TBD** | **Effective** |
| **\*TBD** | **Developing** |
| **\*TBD** | **Ineffective** |

\*Score ranges for 2018-2019 pending approval by the Nevada State Board of Education.

**Final Rating (from above):** Select an item.

**Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**