

PERFORMANCE APPRAISAL ANNUAL SUMMATIVE RATING SY
Annual summative form used for provisional and professional school nurses.

Program Area: School Nurse

DISTRICT:

SCHOOL:

EDUCATOR'S NAME:

SOCIAL SECURITY NUMBER:

CHECK LEVEL:

Provisional Year 1

Provisional Year 2

PGP Year 1

PGP Year 2

PGP Year 3

SUPERVISOR'S NAME:

CONFERENCE DATES: _____, _____, _____, _____

	Professional Performance Elements	Meets	Does not meet
1.	School Nurse Program Planning (Critical)		
2.	School Health Services Program Implementation (Critical)		
3.	Consultation Services (Critical)		
4.	Evaluation Services (Critical)		
5.			
6.			

FINAL ANNUAL RATING (check one):

Acceptable

Unacceptable

SIGNATURE OF EDUCATOR:

DATE:

SIGNATURE OF EVALUATOR:

DATE:

Comments: