Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation method: V=Verbal D=Demonstration O=observation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency** (if applicable) | **Evaluation Method**  Comments | **Date** | **Evaluator Initials** |
| **Clinic Data Collection** | | |  |
| Reviews immunization data and physical requirements for Pre K, ALL Kindergarten, 7th and all new students enrolled in the district |  |  |  |
| Skyward entries – input alerts, run reports, immunization input |  |  |  |
| Other Data Collection: |  |  |  |
| **Illness Prevention and Control** | | |  |
| Has knowledge of and enforces GMSD’s communicable disease/health guidelines and policies |  |  |  |
| Identifies signs of illness/injury and acts appropriately |  |  |  |
| Temperature:Oral and/or temporal |  |  |  |
| Other Prevention and Control: |  |  |  |
| **Health screenings** | | | |
| Audiometry |  |  |  |
| Vision screen |  |  |  |
| Height/Weight/BP |  |  |  |
| Referral process |  |  |  |
| **Health Services Procedures and Documentation** | | | |
| Medication administration record-  MAR |  |  |  |
| Clinic visits |  |  |  |
| SchoolCare documentation |  |  |  |
| Assist with self-administration of daily/PRN meds |  |  |  |
| Communication with guardian/parent |  |  |  |
| Accident forms |  |  |  |
| Substitute nurse binder understanding |  |  |  |
| Medication error form |  |  |  |
| DCS reporting process |  |  |  |
| Basic understanding of FERPA and FAPE |  |  |  |
| Other Procedures and Documentation: |  |  |  |
| **Emergency Procedures** | | | |
| CPR certification current |  |  |  |
| Collaborates with the ERT members/ERT drill/Stop the bleed training (if applicable) |  |  |  |
| AED-working knowledge and monthly inspections |  |  |  |
| Emergency Medical Bags (in clinics)- Supplies and student info to be kept current |  |  |  |
| Other Emergency Procedures: |  |  |  |
| **Clinical Skills** | | | |
| Understands scope of practice |  |  |  |
| Suctioning – Oral /nasal  (Student specific, annual training required) |  |  |  |
| Seizure medication administration and/or VNS  (Student specific, annual training required) |  |  |  |
| Diabetes care – emergency/routine care  (Student specific, annual training required) |  |  |  |
| Individualized Health Plan training  (Student specific, annual training required) |  |  |  |
| Oxygen administration |  |  |  |
| Other Clinical Skills within scope: |  |  |  |
| **Communication** | | | |
| Working knowledge of communication systems – email, parent square, notebook |  |  |  |
| Exhibits knowledge of school program, master schedules, classroom phone numbers/extensions |  |  |  |
| Other Communication Skills: |  |  |  |
| **Professionalism** | | | |
| Engages in teamwork/team building |  |  |  |
| Maintains responsible, professional behavior at all times |  |  |  |
| Follows dress code at all times |  |  |  |
| Participates in professional development |  |  |  |
| Protects student confidentiality, dignity, autonomy, values, and beliefs while providing care |  |  |  |
| Other Professionalism: |  |  |  |

**☐ I understand the skills, processes, procedures, and expectations listed above and agree that I have adequate knowledge/training to carry them out within my scope of care.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluated by:**

**☐ I have reviewed the above information and attest that the employee named above is working within their scope of care, has appropriate training and sufficient knowledge of the selected tasks/skills.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ initials: \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Competency checklist to be completed and signed by District RN or IHP Coordinator only\*\***

**Skills that are student specific require additional training on their IHP and/or needs and will be documented separately.**