

**LICENSED VOCATIONAL NURSE (LVN)  
Summative Appraisal Form**

Name \_\_\_\_\_ School Location \_\_\_\_\_

Appraisal Period: From \_\_\_\_\_ to \_\_\_\_\_ Date of Review \_\_\_\_\_

**Directions**

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

**Rating Scale**

- 5 Clearly Outstanding:** Performance is consistently far superior to what is normally expected.
- 4 Exceeds Expectations:** Performance demonstrates increased proficiency and is consistently above expectations.
- 3 Meets Expectations:** Performance meets expectations and presents no significant problems.
- 2 Below Expectations:** Performance is consistently below expectations and significant problems exist.
- 1 Unsatisfactory:** Performance is consistently unacceptable.
- 0 Not Applicable**

**JOB PERFORMANCE STATEMENTS**

**Nursing Services**

- \_\_\_\_1 Provides temporary and emergency care for sick and injured students or staff according to district policy and procedures.
- \_\_\_\_2. Serves as health advocate for students.
- \_\_\_\_3. Notifies parents of accident or illness and secures medical care for students in emergency cases (if parents or emergency contact cannot be reached).
- \_\_\_\_4. Coordinates management system to administer medications to students at school. Administers medications according to district policy and procedures.
- \_\_\_\_5. Performs screening procedures as required by Texas Department of Health, Texas Educational Agency, and district policy. Makes referrals as necessary.
- \_\_\_\_6. Develops and coordinates continuing evaluation of campus health program and makes changes based on findings.
- \_\_\_\_7. Utilizes computer and technology as needed.

- \_\_\_\_ 8. Contributes to a safe and sanitary school environment by observing environmental factors and conveying concerns regarding sanitation or safety hazards to the principal or designee.

**COMMENTS:** \_\_\_\_\_

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**Instruction**

- \_\_\_\_ 9. Participates in development of campus health education curriculum and provides health education to individuals and groups.

- \_\_\_\_ 10. Provides health counseling and instruction to individual students.

**COMMENTS:** \_\_\_\_\_

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**Consultation**

- \_\_\_\_ 11. Serves as health liaison between school, physicians, parents, and community.

- \_\_\_\_ 12. Assesses student problems and makes appropriate referrals working with students, teachers, parents, and medical and health care professionals as needed.

- \_\_\_\_ 13. Participates in Admission, Review, and Dismissal Committee, crisis team, and school committees.

- \_\_\_\_ 14. Participates in assessment and reporting of suspected child abuse.

- \_\_\_\_ 15. Makes home visits to help with student health problems as necessary with permission of principal.

- \_\_\_\_ 16. Communicates regularly with principal and health services coordinator regarding health services issues.

**COMMENTS:** \_\_\_\_\_

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**Administration**

- \_\_\_\_ 17. Reviews and evaluates immunization records.

- \_\_\_\_ 18. Enforces procedures to ensure proper program administration according to district policy.

- \_\_\_\_ 19. Supervises and trains nurse aide(s) in clinic procedures and responsibilities according to district policy.

- \_\_\_\_ 20. Compiles, maintains, and files all physical and computerized reports, records, and other documents required, including clinic records and accurate, updated health records on all students.

- \_\_\_\_ 21. Requisitions supplies and equipment needed to maintain clinic inventory.

- \_\_\_\_22. Complies with policies established by federal and state laws, Texas Department of Health rule, State Board of Education rule, and board policy in health services area.
- \_\_\_\_23. Reports potential health and safety hazards to principal.
- \_\_\_\_24. Complies with all district and campus routines and regulations.

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**Professional Development**

- \_\_\_\_25. Maintains certification in CPR, vision and hearing screening, and as a health screener.
- \_\_\_\_26. Models behavior that is professional, ethical, and responsible.

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**Other**

- \_\_\_\_27. Performs other duties assigned by supervisor.
- \_\_\_\_28. Maintains confidentiality of information.

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**Supervisory Responsibilities**

- \_\_\_\_29. Directs the work of assigned nurse aide(s).

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

What strengths does \_\_\_\_\_ possess?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some improvements \_\_\_\_\_ can make to ensure a higher degree of success for students on this campus/department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summative Conference Comments:

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**Recommendation of Evaluator:** I have read and received a copy of this evaluation. I have reviewed this instrument.

- Renewal and/or Extension of Assignment
- Non-renewal of Assignment
- Termination of Assignment
- Non-extension of Assignment

\_\_\_\_\_  
Administrator (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date