

Evaluation Standards for School Nurses per Massachusetts DESE Frameworks

1. Curriculum, Planning and Assessment

A. Curriculum and Planning

1A1 Professional Knowledge

(Please note that some of this evidence can also be listed under Section IV Professional Culture)

- List of educational programs attended-certificates, PDP's, CEU's
- Highlight classes that are appropriate to your practice but not necessarily in your comfort zone, for example: American Sign language Classes, Cultural Competence Study Groups, Technology Classes, Nutrition, Leadership-certificates, Yoga, Mindfulness
- Any recent degrees or certifications obtained –evidence is certificates-NCSN, CPR Instructor,
- List journal articles written (or read) and who/how you shared the info with or if this was shared at a Nurse Staff Meeting or PLC Group
- IHCP and 504 Development-copy of document or in SNAP/Estar
- Educational Programs you present for Staff, Students, Parents, other Professionals or the Community (LTFA, Concussion Management, Food in the Classroom, Self Harm, Encopresis, Flu, Substance Use-SBIRT, T1Diabetes) the evidence is the PowerPoint, Lesson plans, and Evaluation of program.
- Nursing Documentation- demonstrates your knowledge of how to assess the student, appropriate interventions and disposition, follow-up with parent/staff
- Protocol and Policy Development- Emergency Protocols, Absenteeism, Mental Health Referrals, Fragrances, Field trips, DNR- copy or upload into Teachpoint the document
- Brochure of Health Services in our district (or individual school(s))-brochure is evidence
- State Mandated Screenings and appropriate follow up (evidenced in SNAP documentation)-Plan, Coordination, Re-Screens, Referrals, Follow-Up Concussion Care Plans, Tracking Mechanisms, Policy Development/Enforcement Documentation of consultations/referrals (noted in SNAP) for example, Nurse Leader, School Physician, Board of Health RN, Vision Specialist
- This can also be captured in a Walkthrough- appropriate assessment

1A2 Child and Adolescent Development

(Pretty much anything and everything you do should be geared to the student's developmental level, so there should be a multitude of evidence in this category)

- Constructs IHCP with the developmental level of student in mind, for example the IHCP of the Elementary student with diabetes is different than the high school student-evidenced in SNAP or copy of document uploaded into Teachpoint
- Sudden onset of continued urinary incontinence in high school student is managed differently than the young elementary school student with occasional soiling occurrences-interventions and management documented in SNAP as evidence
- Age appropriate posters, books, videos, and brochures in your health clinic (nurses take photos of this and upload into Teachpoint) Sensitive information is displayed in clinic bathrooms, so students can access information confidentially
- Parent information/handouts in the clinic is appropriate to the age of the students in the school, for example "Talking to your Teen about Distracted Driving" is on display in the high school clinic, but not in the middle school-evidence is copy of handout/brochure or a photo

- Clinic is set up to meet the developmental needs of the students who access the clinic, and photos to demonstrate the clinic set-up. For example, the high school office has Band-Aids, ice and pads/tampons readily accessible, “self-serve” stations
- Presentations to students are tailored to their developmental level, for example, hand washing classes taught to Kindergarten students uses different lesson plans than the fourth graders. Evidence is the lesson plan
- SBIRT and scoliosis screenings, relationship guidance, anticipatory guidance provided to students and/or family
- Some of this can be captured in a walkthrough- how does the nurse interact with the students of differing age groups? Different developmental levels?

1A3 Plan Development

- Documentation of return to class rates and the length of time for clinic visits (all documented in SNAP)
- Development of 504 plans, IHCP, Re-entry plans including post concussion, post hospitalization (both for mental health issues, eating disorders, a medical or surgical issue) – documented in SNAP
- The high school and middle school nurses devised a template to treat headaches, with a common assessment, and interventions to decrease the amount of Tylenol student’s consumed. We extrapolated the data out of SNAP and put in in a word document.
- Notification to staff (via email) the times when clinic is exceptionally busy and to please not send non-emergency visits to the clinic at those times. Evidence is the email. Evidence is the email
- Nurse worked with Administration and Guidance and created Mental Health Referral and Absenteeism Protocols. Word Document uploaded into Teachpoint
- Evacuation Plans. Lockdown Plans for students with medical concerns, especially students with T1 Diabetes
- All the screenings- does the nurse take initiative? Does he/she work collaboratively with staff? Protects student privacy?
- Can be captured in walkthrough if you go during a screening period

1A4 Well-Structured Lesson Plans

- Staff education regarding LTA and EpiPen Competency Checklists, binders with the completed checklists are kept in the clinics. Development of post test (evidence itself!)
- Educational Programs given to staff, students, parents, community members and other professionals, the mechanism of how the class was taught, whether it be via PowerPoint, handouts, video’s, dictates how the evidence is shared. If it is a PowerPoint or video it is uploaded into Teachpoint. If it is a lecture, the handouts can be uploaded. The class list (sign in) serves as documentation the nurse taught the class. Some nurses have video taped the classes they taught and used the video as evidence. (same with a photograph).
- Developmentally appropriate materials for the lessons, the younger elementary students enjoy the use of Glogerm in hand washing classes.
- Sharing of videos and/or handouts for small group instruction for teaching crutch walking, caring for the child with lice at home (for parents).
- Nurses produced photographic evidence of classes, for example sun safety with the skin screener machine, the flu clinics, and the wellness summit.

- Bulletin Board and Clinic Educational Materials to augment teaching- such as the Headache IPHONE app bulletin board to assist teaching students about the causes of headaches, Drink Bulletin Board with Sugar
- Can be captured in a walkthrough

B. Assessment

1B1 Variety of Assessment Methods

- A plan to conduct State Mandated screenings in their own school, and documentation of completed screenings, letters sent and referrals completed which is demonstrated in SNAP.
- Monitoring student health issues and infection control surveillance via SNAP
- Documentation, notification of any trends to Nurse Leader evidenced in notification
- Collaborating with colleagues to develop protocols that impact student performance, for example Attendance Protocols (word document)
- Monitors the length of clinic visits after interventions, for example, the middle school nurses developed interventions for students with anxiety (helped the student identify which interventions worked for them to decrease their anxiety, thus decreasing the amount of time spent in the clinic resulting in more time in the classroom). This is available by comparing the length of visit time pre and post interventions, which is available in SNAP.
- Nurse worked with her ELL staff and developed use of clinic vocabulary cards for the ELL students to assist in her assessment of the students. The evidence is the cards.
- Nurse developed an assessment tool for the assessment of the nonverbal student in the clinic. The evidence is the document, which can be uploaded into teachpoint.
- Nurse obtains thorough history from the student of the representing complaint and then the assessment is congruent with the history
- During a walkthrough is the nurse obtaining a history, is he/she performing an assessment that matches the students complaints?

1B2 Adjustment to Practice

- Nurse identified the need to modify the lunch menu, (serving too many CHO) she had meetings with the food service director and administration and the evidence is emails, notes of the meetings and ultimately a change in the school lunch menu!
- Nurse identifies the faculty does not appear to understand the importance of not serving food in the classroom and the use of food in the curriculum. The Nurse developed an education program that she presented to the staff and developed a “Food to be used in the Curriculum Form”. Evidence is the presentation given to the staff and the form that was devised and now utilized.
- The nurse evaluates students IHCP and works with the staff in the best interest of the student. For example, finding the time that works best for students to come to the clinic for medications, blood glucose testing, enteral feedings, catheterizations, that will work for the students health condition but will minimize the disruption to the students learning.
- Re-arranging screenings/surveys based on student needs, such as delaying the administration of the Metrowest Adolescent Health Survey after some community events
- Working with administrators and field trip coordinators to meet the needs of ALL students attending the trip- mobility, LTA, medical concerns, catheterizations, tube feedings, etc

- Streamlining students schedule to conserve their strength when the student is fatigued or has limited mobility due to a chronic health condition
- Can sometimes be observed in a walkthrough- seen as student advocate

C. Analysis Indicator

1C1 Analysis and Conclusions

- Nurse monitored the absentee rates and noted there was an increase in the number ill students. She then investigated the deplorable condition of the school and lack of cleanliness. She tried to educate the custodian about the potential correlation and the need to clean commonly touched surfaces, but when that method did not prove productive she worked with the Principal, and the Director of Plant Facilities, to get the school cleaned. This was documented in an email trail; the evidence was noted in the email.
- Nurse interviews students who come in reporting there was “needles” on the playground. Nurse assessed the situation, and the students, and then followed up with the Police Department and further monitoring. The evidence was noted in SNAP documentation.
- Nurse notes an increase in the number of students who are “forgetting” to bring in their snack. She worked with PTO to obtain funding to buy snacks for students who forgot to bring in their snacks. She also developed a protocol when students forget their snacks; this is evidenced by the snacks in the clinic and her documentation in SNAP.
- Nurse notices an increase in students with anxiety, she develops and “anxiety tool kit” to use with students, and is able to decrease student time spent in the clinic
- Nurse notes an increase in number of visits by classroom, investigates what might be going on in classroom
- Student has sudden increase in number of visits to clinic, nurse speaks with student, classroom teacher(s), parent(s)/guardian(s) and guidance to ascertain the cause of the sudden increase in visits
- Nurse observes that identifying students who screen positive for depression screening and/or SBIRT screening are easier to manage Monday through Thursday and plans to hold future screenings on those days of the week
- Many students with T1 Diabetes have CGM’s, made sense to purchase IPOD’s for the clinics to monitor the CGN readings throughout the day
- Nurse reviews results of Adolescent Health Survey and notes that LGBTQ students have higher rates of anxiety, depression, substance use and less likely to attend school, Nurse looks at ways to work with group of students, develops Gender Sexuality Resource Book for students and families, as well as works on a grant educating staff about the needs of these students
- May or may not be seen in a walkthrough

1C2 Sharing Conclusions with Colleagues

- Monitors attendance converses with Administration and Guidance and develops Absenteeism Protocol. Evidence is a word document of protocol and IPASS/SNAP documentation.
- A large number of transitional housing students now attend one of our schools, the nurse notes the behavior of the students while in her office, she also spends (and documents) many hours trying to secure medical and social services for these students and their

families. She shares her concerns with administration which was helpful in their decision to fund a social (case) worker to work with this population.

- High school nurses note an increase in the number of students engaging in “self harm” behaviors, they share their concerns at Case Management meetings. The need was identified to bring a specialist in this area to educate the staff in recognizing and dealing with students who were engaging in these behaviors. The increase in the number of students was noted in SNAP documentation and the nurses attended the class presentation given by a regional specialist on the subject matter.
- Specific classroom has increased incidence of communicable entities- lice, norovirus, flu, strep throat- nurse shares concern with classroom teacher and administration (as well as students and families) and intervenes with education to students, families, staff (including custodian)
- Readily shares Metrowest Adolescent Survey results with colleagues and looks for ways at improving school climate and wellness of all students
- May or may not be able to be captured in a Walkthrough

1C3 Sharing Conclusions with Students and Families

- Nurse monitors students post concussion and their re-entry into school, spends time educating students and their families of the importance of cognitive rest. Nurse educates student/parents/guardian of the need for cognitive rest, which includes not playing video games, using the computer or going to their part time job. Information is documented in SNAP
- Nurse shares results of Youth Risk Behavior Survey with staff, students, parents and the community. The evidence is the PowerPoint she develops to use for the presentation and the presentation itself which is filmed on local cable television.
- Nurse sends letters/emails to parents/students re: increased incidence of contagious cases, for example, lice letters that are sent home and increase in number of strep throats or GI illnesses. Evidence is the letter or email.
- All the nurses screenings that have a outside normal limit result- letters home, phone calls, follow-up on referrals
- May be able to be captured in a walkthrough- observing a phone call to a parent/guardian

II. Teaching All Students

A. Instructional Practices

2A1-Quality and Effort of Work

- Case Management and ACT Meetings and the follow-up from students who are identified at the meetings. Documented in SNAP and Nurse’s notes and/or in Nurse’s personal notes
- Some students who are on behavior plans and/or toileting plans and the nurse are the “check in” person for these plans. The nurse has taken a photo of the student’s chart that is filled out with the stickers.
- The nurses that have “lunch groups”, such as the Diabetic Support Groups or Food Allergy Support Groups, use the emails regarding the meetings and the attendance sheet. (Uploaded to Teachpoint)
- Nurses that work on Town wide coalitions or groups that impact the quality of life for students, such as the anti-bullying groups, the alcohol and drug coalition, Special Olympics and the School Health Advisory Group, this is evidenced by their attendance at

the meetings (seen in the minutes) and the projects they work in these groups. It also demonstrates their willingness to work outside the confines of their own school but issues that impact the entire community.

- Nurse who was interviewed by a student regarding the importance of sleep in the adolescent and the article was published in the local newspaper. (The article was the evidence.)
- Assisting with “Lunch Buddies” programs, the nurse monitors the mentor student and the mentee, and the lunch dates. The nurse has the evidence in the emails to the students and staff, and the glowing emails back from the parents who are thrilled to have their students involved in this program.
- Nurse who developed teaching modules for staff and coaches in regards to students with T1Diabetes, also developed competencies for the students as well
- May or may not be able to be captured in a walkthrough

2A2 Student Engagement

- The nurse shows the students the correlation between their blood glucose level and PE class and/or outdoor recess. The nurse emails the week’s numbers to the student’s diabetic professional. The evidence is in SNAP and the email to the clinician.
- Nurses use glogerm to teach the hand washing classes to the students. The evidence is demonstrated in the written lesson plan, and the photo and/or video clip the nurse had taken during the class.
- Nurse constructed a “Jeopardy” game for her Hygiene class, the kids loved it! The game itself was the evidence.
- Developmentally appropriate and popular displays to assist in teaching students about their health- Poster Board with Sugar content of drinks, Headache – IPHONE Display
- Should be able to be captured in a walkthrough

2A3 Meeting Diverse Needs

- Nurse developed an assessment tool for nonverbal students when they access the clinic. The tool was shared with the other nurses and the tool itself is the evidence.
- Nurse worked with ELL staff and developed flash cards with clinic vocabulary so the nurse and student could more easily communicate during student visits. The cards were the evidence.
- Nurse attended Cultural Competence Study Group, the emails regarding the study group and the attendance at the group meetings were the evidence.
- Signage and handouts in other languages in the clinic, (photos taken of the signage was the evidence as well as a copy of the handouts.)
- Nurse finds appropriate place for a student with eating disorder to have lunch, so her intake can be monitored and she can have privacy but is not eating alone. This is evidenced by the student records in SNAP.
- Nurse working on grant (two grants) to increase connectedness of LGBTQ students and ways to educate all staff to make the school climate more favorable for these students
- Nurse developed Gender Resource/Sexuality Book for LGBTQ student and their families
- Working with students with any type of disability and insuring their ability to access all areas of the building and curriculum (such as students with vision, hearing, mobility needs, students with any type of medical concerns T1Diabetes, immunosuppressed individuals, students with cancer, neuro/musculoskeletal disorders, mental health concerns)

- Working with students who are ELL and their families, making sure they understand the instructions you are providing
- Obtaining services for students who have an economic hardship- helping obtain health insurance, free and/or reduced lunch, reduced or free- vision and dental care
- May or may not be able to be captured in a walkthrough

B. Learning Environment

2B1. Safe Learning Environment

- The set-up of the clinic is shown in pictures, the clinic is free of clutter and is handicapped accessible. Each clinic has a wheelchair. The clinic is set up to be “user friendly”, for example the high school clinic has its Band Aides right inside the door, the tampons/pads are kept in the bathroom – so the student does not need to come in and “ask” for those items, wipes are kept in the bathrooms.
- A minimum of one AED in each school, clearly marked/identifiable
- Signage is displayed in each clinic (again evidence is a photo) reminding EVERYONE (teachers can be worse offenders) not to ask friends why they are in the clinic. Students sign into some clinics, but only with their first name and time of arrival.
- Welcoming posters in the clinics, (again shown in a photo) on diversity, the GLBT Safe Zone stickers, the posters that signify we respect each other and our differences.
- Friendly and welcoming professional nurses in each clinic (I provide that evidence, it’s mandated for their employment!)
- The appropriate use of privacy Screens and curtains (again in photo) and having conversations in private. The nurse can document where she makes her phone calls when the office is full with students, and/or where she has students wait when she needs to take a phone call. Some offices have cordless phones (two cordless phones-one for nurse to use for privacy prn and the other for “ill” students to use!)
- When the nurse takes a photo of her clinic, it shows the locked file cabinets, her Mac laptop (password protected), and that she has papers placed in appropriate files and not left on her desk, for others to see.
- SNAP documentation which displays current, up to date immunization status (at the push of a key!), and allows the nurse to immediately retrieve any student who is not immunized or susceptible should there be an “outbreak” of a contagious illness. If the nurse can show you how to run this report and produce the list of students this is documentation. You can also have the nurse print off the list and that is your evidence.
- Nurse manages Staff Emergency Forms, nurses give staff the option when completing their form of putting it in a sealed envelope, that the staff person signs across the seal, and assures the staff member the form will only be open in the event the staff person is unconscious and needs assistance.
- One school has a student at risk for sudden cardiac arrest, the nurse made sure there was ample AED’s in the school (evidenced by the student record, and the AED maintenance records) and that his teachers were all aware (meeting, emails) especially the PE teacher in the event she takes this student to the field, she takes an AED.
- Maintenance of Refrigerator logs, AED logs, infection disease surveillance, maintenance of First Aid kits, checking expiration of stock drugs, noting safety hazards in playground equipment (emails to Principal, Plant Facilities and Nurse Leader))
- Infection Control Practices: wiping down cots, blood spills-evidenced by protocol document.
- This can be seen in a walkthrough visit

2B2 Collaborative Learning Environment

- Nurses recruit students for school based or district wide committees, such as the School Health Advisory Committee or the town-wide, alcohol and drug coalition.
- Lunch Bunch and support groups for the diabetic students and students with LTFA, this is evidenced by photos, emails, articles written in the school newspaper.
- Community Seminar Groups at high school taught by nurses, evidence is lesson plans, class roster and grades.
- Nurse teachers healthy eating habits to small groups of middle school students
- Clinic environment supports learning, privacy, nonjudgemental approach
- Nurse has “command” of classroom setting, enlists assistance of teacher when needed
- This can be noted in a walkthrough during a teaching moment

2B3 Student Motivation

- Nurse develops good rapport with students and recruits students based on their talents and interests, and why the students think they might want to join that club. For example, we have a Junior MRC, so if students are thinking they may be interested in medicine, nursing, police, fire, public health or municipal planning we encourage them to join the group. This is evidenced by the meeting minutes.
- At the elementary level, there is a student who comes to the clinic weekly after he eats to “assist” the nurse. He fills ice cube bags, band aide containers, assists with bulletin boards etc, because he “likes” helping in the nurse’s office and it prevents him from having to sit idle in the café (where he could cause some mischief) while he waits to go to recess.
- The town wide coalition to decrease or delay substance use in students, works with SADD, and the nurses engage with the youth at meetings, why this is important work, or what else can we do together to work on these issues. (evidence by meeting minutes)
- Same example from above, Lunch Bunch for LTFA support group or diabetic support
- UMASS Smoking Cessation Group from a few years back would have fit in this category
- The nurses that are working with the mentor/mentee lunch groups, they have identified students that were interested in being mentors, identified students who needed mentors, and arranged to make these lunch groups happen. Again, this is all evidenced by emails and very happy students and parents. There was even a photo in the weekly school eblast of the students who took the “lunch group” and came and watched the school play. (Orchestrated by the nurse of course!)
- Nurse who is Director of Special Olympics in Natick (and other nurse colleagues) recruit student volunteers for the event and for training. This is evidenced by emails and the program the day of the event.
- Anytime positive reinforcement is provided to a student! 😊
- Teaching done during SBIRT Screenings as well as the examples given to students about brain development to delay the use of substances to a later age (preferably mid 20’s)
- May or may not be able to be captured in a walkthrough

C. Cultural Proficiency

2C1 Respects Differences

- Our Emergency Forms are were changed to reflect the evolution of the family unit, instead of the form requesting the mother or father’s name, we have written:
Please circle one: mother/father/ guardian/other: on two lines to be sensitive to all family units. Evidence is the form itself.

- Students who are transitioning genders come to change their clothes in the clinic for PE class, the nurse and the student have developed a routine, the student is safe and their privacy is protected. This is evidenced by direct observation in the clinic.
- Nurse is respectful of different practices in other parts of the world, for example, we had a family who traveled to a part of the world where scabies and lice were not a concern, however when the students returned back to our district, it was a concern. The nurse spent a substantial amount of time being patient and educating the family. This was a process that took weeks. This was documented in her SNAP documentation.
- Development and use of clinic vocabulary cards in non English speaking students, the cards themselves are the evidence.
- The nurse who displays student artwork throughout the clinic areas, respecting individual's differences and abilities, this is documented in photo's of clinics and direct observation.
- The nurse who brought Special Olympics to our district and has been the Director of Special Olympics for the past 6 years and has recruited other nurses to support this endeavor. This is evidenced by the emails sent out, and the phenomenal end result the day of the games and the many pictures of the event. There is a series of newspaper articles published as well.
- Students who need to pray during the day or based on their religious/cultural beliefs, need a space and time to pray for relief of their symptoms
- May or may not be able to be captured in a walkthrough

2C2 Maintains Respectful Environment

- Nurse provides privacy for clinic visits and discussions with students and parents. Students are educated in the need for privacy and know where to wait for the nurse if they are asked to leave the clinic for privacy reasons. The nurse has a private area for students under emotional distress (crying), this is evidenced by the use of screens, curtains or use of additional room in clinic, and by students seen sitting outside the clinic if the clinic door is closed.
- Nurse is welcoming (a requirement to work in our district), and seeks resources of a translator when needed to obtain student health information.
- Clinic rules are posted and schools policy on bullying is enforced, nurse educates students regarding empathy. (Direct observation)
- Nurses are discreet in the manner in which they handle "anxious" students, for example students are allowed to color or use a walking pass to decrease their anxiety. This is evidenced in their SNAP documentation (interventions to decrease anxiety) and direct observation.
- Nurse shares information learned about different cultures, religious practices/observations with her peers. For example, there was a religious holiday observed and the student did not come to school, when the elementary nurse called home to confirm the student's absence and was informed by the family about the holiday, she called the middle school and informed that nurse why the students in that family were out. Evidenced by phone call documentation.
- Nurse conducts phone calls to parents/staff in private. Students are informed of clinic rules, "if the door is closed and the nurse is on the phone don't come in until the nurse is off the phone".
- This can sometimes be noted in a walkthrough

D. Expectations

2D1 Clear Expectations

- 504 plans and IHCP on students, the plan itself serves as evidence.
- Behavior or toileting plans on specific students, again the reward chart is the evidence.
- Any presentations the nurse does to the students, staff, families or community at large, are developmentally appropriate and have clear goals. For example, Flu Prevention and Education is presented differently to the elementary school students than it is to their parents. This is evidenced by lesson plans and the teaching materials such as the PowerPoint
- The nurse in the clinic has signage over all the sinks in the clinic, how to wash your hands. The evidence is supported by photos of the signage, or by direct observation when the nurse randomly asks a student about hand washing. (and they answer correctly!)
- Clinic rules are posted and enforced, re: passes, confidentiality, privacy, behavior, sign in sheets, don't enter if door is closed and the nurse is on the phone. Evidence produced by photo, direct observation, clinic rules document or brochure, or if noted in the student handbook.
- Self Help Stations with written instructions and/or pictorial displays for students in each clinic
- Can be observed in a walkthrough

2D2 High Expectations

- Nurse who has lunch with students (LTFA lunch group, eating with eating disorder student, diabetes support group) models healthy food choices.
- Nurse is engaged in physical activity and/or works as a member of the Staff Wellness Team. (evidenced by emails educating other staff members)
- Nurse eats breakfast at school in morning, demonstrating to students how important it is to eat breakfast! Teaching by role modeling.
- Nurse has water bottle at her desk to remain hydrated throughout the day
- Nurse reminds student(s) of school norms and clinic expectations
- May or may not be able to be captured in a walkthrough

2D3 Access to Knowledge

- Nurse writes 504 plans, IHCP so the student can achieve goals and access the curriculum, the document serves as evidence. The attendance/meeting list also proves nurse was present and chaired the Meeting!
- The nurse operates as the Health Expert, this is validated in ways such as: emails sent by nurse educating staff on different topics, for example, in frigid temperatures the nurse notes the high school track team running outside without gloves, hats or jackets!, she emails and speaks with the coach and athletic director about the need to be appropriately dressed for the weather and provides education regarding temperature related issues.
- Other evidence: the principal, superintendent or other staff member send you an email stating how knowledgeable the nurse was in a certain situation. Staff members referencing how helpful the nurse is in their building.
- Nurse is readily accessible (requirement for our district, friendly too!) and answers questions pertaining to health issues for students to students, staff, parents and administration. This is evidenced by SNAP documentation and emails.

- Nurse is notified of field trips and thinks of issues the teacher wouldn't think of, for example the student who is mobility impaired cannot negotiate the terrain of the town forest. The nurse educates the teacher on equal access and rights. The nurse researches venues to ensure there is a private bathroom where she can catheterize a young student on a field trip. This is evidenced by the multiple phone calls and documentation regarding the field trip.
- Teaching staff about student's health issues, so they understand the student's needs and the importance of specific interventions. For example, the student with diabetes who needs to monitor their blood glucose level before and after PE class. The teacher is not educated in this regard and thinks if the student is acting ok, it's fine. The nurse spends a moderate amount of time educating the teacher the importance of blood glucose testing and the effect exercise can have on blood glucose levels. This is evidenced by SNAP documentation, the lesson plans and concepts the nurse used in educating the staff member.
- Nurse who identifies needs (based on analysis and conclusions in 1C1) develops teaching modules for staff and coaches for students with T1Diabetes and/or the nurse who is working with the staff to improve the sense of connectedness and belonging to students who identify as LGBTQ
- Any nurse who assists a student in the following ways: vision, hearing, mobility, addressing their social, emotional, or mental health needs, safety needs- infectious disease surveillance, nutrition, fatigue, classroom accommodations written in an IHCP or 504 would be an example of assisting the student in accessing knowledge in the school setting
- May or may not be able to be captured in a walkthrough

III Family and Community Engagement

A. Engagement

3A1-Parent/Family Engagement

- District and School website is maintained so that students and families KNOW who the nurse is and how to contact them. (evidence is website)
- Brochures developed for health clinic services (evidence is brochure)
- "Connect Ed" messages drafted to inform parents of important deadlines or events, such as required immunizations for school entry, flu clinics, health fair. Evidence is the script from the phone message and/or email.
- Weekly/monthly email blasts educating students and families about health clinic happenings. Evidence is in the email blast.
- Transition brochures- welcome to K, 5th grade, and 9th grade and explaining the difference in the health clinic operations at the different levels. The evidence is the brochure.
- "Drop off" and "pick up" Medication reminder sheets for parents at the start and the end of the school year. (the sheet is the evidence)
- Notes of gratitude or small tokens of appreciation from grateful family members (we photograph floral arrangements!)
- Nurse attends PTO and does an educational session(s) for the parents, such as "what to pack for lunch and snack", "what your child might need throughout the day", Lice presentations, this is reflected on Agenda's and minutes.

- Attending presentations offered to the entire community, such as Sports Psychologist, Resilient Parenting Series, Substance Use – evidence noted in sign in sheets-demonstrates to parents the nurse is also interested in topics applicable to the students
- Any presentation done for parents or community, including but not limited to School Committee Presentations, Panel Discussions, Flu Education, Nutrition and Exercise, Wellness Summit, etc. Evidence is the advertisement/agenda, any media coverage, and evaluations
- Attendance at Kindergarten Orientation, Kindergarten Mixers, “Step Up Night”, Transition Programs, Fall Open Houses- evidenced by emails, signup sheets, general expectation to attend
- Any home visits or hospital visits -evidenced in SNAP documentation
- IHCP and 504 development, encouraging family participation, evidenced by email exchanges and meetings, attendance at IEP meetings
- Development and participation in cable television programming and PSA’s that are aired on local television
- If the Nurse Leader attends the event, he/she can write it up as a walkthrough

B. Collaboration

3B1- Learning Expectations

- Nurse posts (or shares with the Nurse Leader who then posts) the State Mandated screening dates on the school/district website. Instructions are also provided on website the procedure for having students “opt out” of the screening. Check website for evidence.
- Nurse sends dates of state mandated screenings (hearing, vision, postural, ht and wt) out to the school community via weekly eblast. Evidence is the copy of the email blast.
- Nurse has “flu clinic poster” set up at September Open House night (Flu clinic in October), as well as educational materials and consent forms. A picture of the poster set up and the number of students immunized serve as evidence.
- Completion of state mandated screenings and follow-up of completed referrals as evidenced in SNAP documentation.
- Responds to parent phone calls (documented in SNAP) and emails within one school day (per district policy) emails are dated with dates/times
- Development of School Health Services for the school/district (evidence is the brochure)
- Letters home regarding increase incidence of certain conditions, such as lice, strep throat, flu and GI outbreaks-evidence is the letter
- Reasons to keep your child home from school-posted on school/district website, reinforced when parents call for guidance as to whether to send their child to school
- Clinic rules are posted in the clinic
- May or may not be able to be captured in a walkthrough

3B2- Student Support

- Flexible office hours, the nurse has arranged her schedule to come in early or stay later (outside contract hours), to meet the needs of the student/family schedule. These visits are documented in SNAP. Nurse makes a home visit to a student with a new diagnosis of diabetes and parent(s) are anxious about the students return to school. Again, documented in SNAP.

- Completion of American Sign Language Class, evidenced by certificate, enables nurse to communicate with hearing impaired family. Uses telephone relay operator to communicate with parents. (documented in SNAP)
- Attends school/district sponsored activities, such as student sports events, drama productions, band and choral concerts, game fundraisers, talent shows, family fun night, kindergarten mixer, etc. Evidence is self-reported, or if the nurse was IN the event, by the program. Also, usually receive verbal feedback from students, parents, staff, coach or administrator that it was nice to see “name of staff person” at the “name of event” the other night
- Hosting student, parent and staff meetings to discuss health concerns and any necessary classroom accommodations, the progression of the plan and who to contact with any questions and concerns. Evidenced by meeting notes and SNAP documentation.
- Nurse attends a field trip with student and engages with the students
- Home-school connection: notifies parents/guardians of health related issues that occurred at school and the mechanism for follow-up. This can range from a simple request such as “can we have a change of clothes in Johnny’s backpack”, to a student reporting there is no time for breakfast and brainstorming with the parent (and student) ways the child can consume some nourishment prior to the start of school. This is all reflected in SNAP documentation.
- Compile a list of local resources (from collaboration with colleagues and feedback from individuals who have used the professional so you have a list of referrals to provide families. The list is the evidence
- Create a list of local organizations that will provide free or reduced fee services for health related concerns, such as eye exams and glasses, dental work, mental health services, free medical clinics. The list is the evidence
- Electronic newsletter to staff introducing nursing staff and what the role of the nurse is in the school setting, and strategies to maintain a safe and healthy classroom. A copy of the newsletter is evidence.
- Nurse who developed teaching modules for teachers and coaches to educate those parties about T1 Diabetes and in turn then keeping those students safer through the education
- Nurse who is advocating for LGBTQ students and developing a resource manual for these students and their families, as well as starting a GSA club in the middle school
- Some of these behaviors can be seen in a walkthrough/clinic visit when nurse is teaching, or if the Nurse Leader is at the same event the staff nurse is attending

C. Communication

3C-1 Two-way Communication

- Nurse relies on her nursing assessment, clinical knowledge and principles growth and development in contacting parents/guardians regarding clinic visits. Evidence documented in SNAP notes.
- Nurse recognizes when a student is making “frequent” visits to the clinic, and investigates with teacher(s), guidance counselor and parent, and brainstorms how to manage the students visits to the clinic. Evidence documented in SNAP notes.
- Some students with diabetes have a “log” book/sheet that goes back and forth between school and home. Some parents email or text, the student’s blood glucose levels. A copy of the log sheet or email sheet is the evidence.
- District policy is to respond to parents/guardians within one school day, nurse documents in SNAP when calling, emailing or sending letters to parents.

- If a student leaves school to go to an emergency room, the nurse calls the parent/guardian that evening to follow up on the student's condition. The call is documented in SNAP.
- Contact information for each nurse/clinic is posted on the website and is shared with parents in email blast, brochures and letters. Parents need to know how to reach the nurse at their child's school. Evidence is on school website, business cards, signatures stamps on emails, and noted in the school directory.
- Nurse communicates students needs to teachers, staff and/or administration. The nurse is the advocate for the student/family. The email is the evidence, or the meeting invitation is also evidence
- May or may not be able to be captured in a walkthrough

3C-2 Culturally Proficient Communication

- Use of translator to elicit student health information, the evidence is documented use of translator in SNAP. Having translator services (language based and/or sign language) set up in advance for parents meetings.
- Flu information and consents in other languages. The written material and return of consents is evidence.
- Nurse who attends culturally competent study group, evidence is produced by emails and study group attendance list.
- Development and use of clinic vocabulary cards for ELL students, evidence is the flash cards and the nurse documenting the use of the cards in SNAP.
- Use of IPADs, or assistive communication devices, which is reflected in SNAP documentation, i.e. "using the students communication device the student reports he has a headache"
- Use of the telephone relay operator or email communication in hearing impaired families, evidence noted in SNAP documentation.
- Nurse developed an Assessment Tool for nonverbal student's accessing the clinic to provide a more comprehensive assessment of the student. The Tool itself is the evidence.
- Safe zone stickers are easily seen in the clinic setting
- At least one diversity poster is seen hanging in the clinic
- May or may not be able to be captured in a walkthrough-certainly clinic set-up is seen

IV Professional Culture

A. Reflection

4A1. Reflective Practice

- Writing a response to walkthroughs in Teachpoint. Evidenced in Teachpoint
- Evaluates 504 and IHCP's and makes changes as needed. Evidence in SNAP documentation or re-convening for 504 meeting and the updated 504 plan.
- Review of health office statistics, and interventions nurse can employ to impact trends. For example, nurse noted increase in students with anxiety and has implemented various interventions to assist the students deal with their anxiety. Once the student identifies which interventions work best for them, it is expected that the student will spend less time in the clinic and more time in the classroom!

- Monitors attendance rates, RTC rates, length of clinic visits, and the top reasons for clinic visits. Review this data and integrate changes into practice. For example, if nutrition/snack is a common reason, an eblast on Nutrition, such as Snacks-what to pack, how to pack it and how to help students remember snacks.
- Nurse identifies trends in community and the impact they have the students and intervenes appropriately- for example- the nurse who is advocating for LGBTQ students and is working on starting a GSA Club at the middle school, or the nurse who is working with all the families who have a student with T1 Diabetes, and has organized a a community group, “Natick Runs on Insulin”, that does fundraisers and events throughout the year.
- May or may not be able to be captured in a walkthrough- unless the nurse verbalizes to you during the observation, things she is thinking or exploring. Most usually seen in the nurses response to the observation in teachpoint/baseline edge

4A2 Goal Setting

- Completes self assessment on Teachpoint annually in September.
- Sets realistic (SMART) goals- documented in Teachpoint. Re-evaluates progress on goals in midyear assessment, also documented in Teachpoint.
- Works collaboratively with colleagues at grade level to develop goals and DDM's, for example, LTA awareness class for second graders, which is evidenced in Teachpoint, the lesson plans, the scheduling of classes, and evaluation of the project. Breakfast lessons for third graders, headache awareness and education for middle and high school students.
- Nurse reviews YRBS results and notes an increase in alcohol consumption in juniors and seniors. The nurse devises a plan to investigate further this finding, by exploring the possibility of SBIRT, starting and SBIRT program, collaborating with the health teacher on the curriculum and joining the town-wide coalition on reducing (or delaying) youth substance use. This will be evidenced in Teachpoint and the nurse's notes in monitoring her goal progress.
- Not usually captured in a walkthrough

B. Professional Learning and Growth

4B-1 Professional Learning and Growth

- List of all the Professional Development Programs you have attended, organization of your continuing education. (Word Document)
- Maintain current certificate/licensure-DESE and Massachusetts RN, cards are evidence
- Completion of courses, such as CPR, AED, ICS-100, NIMS -700, Ethics Training, Head Injury Course- certificates are evidence
- NASN/MSNO/MTA memberships- membership card is evidence
- National Certifications- Certificate is evidence
- Reading and sharing research or scholarly articles or with colleagues, or attending a conference and sharing information with colleagues-done at PLC group of Nurse's Meeting. Example, nurse attended a conference on Pediatrics, which included a session on Sleep in Teens, and the nurse came back and shared the information with the Nurses Group and the School Health Advisory Group, which was timely as the group was researching a later start time in the high school. This is reflected in the minutes of those meetings.

- Attends classes relevant to practice, but outside nurses comfort zone, for example- Technology classes, American Sign Language Classes, Cultural Competence Study Groups, etc- evidence is by completion certificate and class lists.
- Mentoring Nursing Students- evidenced by signed agreements from the college, the lesson plans for the nursing student and the evaluation at the end of the semester, as well as any feedback from the student and/or professor at the conclusion of the rotation.
- Development of tools used across the district:
 - Bereavement Boxes in every school
 - Teaching Modules for students with T1 Diabetes for teachers/coaches
 - Assessment Tool for Nonverbal Students
 - Gender/Sexuality Resource Book for LGBTQ Students and their families
 - Development of Video for Staff Education for LGBTQ Students (K-grade 12)
 - Pamphlets for each transition level, explaining the new school health office procedures and staff- done in Grades K, 5th and 9th
 - SBIRT Resource Books
- Professional Presentations-listing of any presentations they have done, research or project they have been involved with during the year
- Can be captured in a walkthrough if you attend where/when the nurse presents

C. Collaboration

4C-1 Professional Collaboration

- This would be professional presentations done by the nurse to nursing colleagues, teaching staff, administration and other disciplines. One nurse had a student with encopresis, the teacher, counselor, classroom aid and principal did not understand the condition, but the nurse did an excellent PowerPoint to educate them. The evidence was the PowerPoint, the class sign-in list and the note in SNAP.
- The Nurse is an active participant and lists all the committees or meetings she attends , such as at the school level- Advisory Group, ACT, STARS, Crisis Team, Case Management, Wellness Team; at the district level- EAN, Ad Council, School Health Advisory, Special Olympics, Pupil Services, Administrative Council, community/regional meetings: MRC, CHNA, Community Coalitions. Evidence is provided by meeting agendas, minutes, and emails.
- Resource as the health/wellness expert on site, educating staff that although outside activity is healthy and beneficial to students, there is a health risk when the wind chill falls below 20 degrees, and it is best for the safety of the students if they remained inside. This is evidenced by emails and conversations with the Principal. Nurse notices trends in student visits and works with Guidance and social worker to bring in professional speaker to address the behavior. In this case, it is "Self Harm". The evidence is the emails regarding the securing and scheduling the speaker and the class list.
- Anytime the nurse works with the student support team- consulting with PT on evacuation plans for a student with impaired mobility, working with the hearing specialist to ensure hearing equipment is working properly, the vision specialist and building management to make sure the building is safe for the visually impaired student, the school psychologist and/or guidance to meet the rising needs to the mental health issues with students, working with the school resource officer and principal on student attendance issues, speech therapist to review the students communication device and the

- OT to address any accommodations the student needs to perform their own ADL.
Evidence is: emails, letters, documentation of phone conversations
- Dealing with the multitude of professionals outside the school- student's PCP, medical specialists- DNE, endocrinologists, vision specialists, neurologist, orthopods, mental health professionals, allergists, oncologists, hemetolgists, nephrologists, dentist, oral surgeons- Evidence is the emails, phone calls, office visits, letters- all are documented in SNAP.
- Consultation with local Board of Health, the MA DPH, athletic trainer- to ensure the safety of students Evidence is: emails, letters, documentation of phone conversations and visits
- Works with Food Service Director to ensure all students with dietary restrictions (either medical or religious) can access food served at school. Also obtains CHO counts to share with students and families of T1 Diabetes
- May or may not be able to be captured in a walkthrough

4C-2 Consultation

- Nurse meets with teacher (at pre-school and elementary level, team at middle school level) at the beginning of the school year (or when the need arises) to go over the students with special health needs in his/her classroom. This is evidenced by the generation of special condition lists and the nurse's schedule.
- Nurse meets with PT, and Fire Department to ensure all mobility-impaired students have an evacuation plan on record. The documented plan is the evidence.
- Nurse meets with hearing and/or vision specialist, speech therapist, PT/OT to review accommodations for students and share that information with teaching staff. (Evidence is in SNAP, and emails to arrange meeting with the specialists)
- Works closely with mental health team- guidance, school psychologist, school adjustment counselor, social worker- to identify and review aany students with mental health needs and to develop a plan to meet those needs- evidence is emails, or the actual plan
- Documentation in SNAP demonstrates all referrals, consultations made on behalf of a specific student.
- Trains afterschool staff (which is also before school staff) on the use of EpiPens. A list of trained staff is maintained in Nurse's office.
- Works closely with Athletic Director and Trainer on Concussion Management. This is evidenced by daily meetings with the Trainer as well as emails and meetings with the AD.
- Consults with nurses and nurse leaders from other school districts to collect data in relation to policy development. Recently, we have had a change in athletic registration; the high school nurses have developed a Google document in their collection of data as to how other districts are managing collection of pre-participation head injury forms. Evidence is the data collection on the Google document. This would also work for all the queries the Nurse Leaders send out to collect data.
- Consults with the local Board of Health and the MA DPH Epidemiologist regarding immunization requirements for international students, certain infectious diseases, and our annual flu clinics.
- May or may not be able to be captured in a walkthrough

4. Decision Making

4D-1 Decision Making

- Works with administration (school and district wide) to impart change that has a positive impact on student health and welfare. For example, the nurse who lobbied to change the lunch menu to reduce the amount of carbohydrates, worked with the Food Service Manager, the Vice Principal and Principal over time to change the menu. This work was evidenced by the emails, meetings and the end result of a change in menu.
- Nurse was receiving late notification of impending field trips and worked with the Principal and some key teachers and developed a “Field Trip Form” to be completed and returned to the nurse two weeks prior to the trip. The evidence was demonstrated in the emails, meetings and the newly created form.
- Nurse attends building based staff meetings, so she is aware of the climate of the school and any potential changes in practice. This is noted by the sign in sheets of the staff meeting.
- When building a new school, or undergoing renovations, the nurse **MUST** participate in the planning and design of the new clinic. The nurse should advocate for 21st century design and equipment in the new space. The nurse can demonstrate this by documenting the meetings she has attended and the emails and letters she has sent to the building committee, architect, the Nurse Leader and the Principal.
- Nurse acts as the health care authority and is valued as a member of the team. This is demonstrated by being a member of the building based Crisis, Leadership and Wellness Team, as well as on the District level- School Health Advisory Team and the Administrative Council Team. Evidence is in emails, meeting minutes.
- May or may not be able to be captured in a walkthrough

4E. Shared Responsibility

4E-1 Shared Responsibility

- Attends Medication Delegation Class, evidence is completion certificate.
- Monitors student behavior both inside and outside the clinic, and enforce the district anti-bullying plan and the schools behavior rubric. For example, the nurse renders care of a many students who have been physically harmed by one particular student. The nurse tracks this in SNAP under the template, “caused bodily harm to others”, she takes the data to the Principal for further evaluation.
- Direct communication to the Principal in monitoring the safety of the school. For example, if there is an increase of communicable disease in one particular classroom- the nurse will inform the Principal the steps the custodian needs to employ to decrease the incidence of that particular disease, or if there is an increase in the number of playground injuries of one specific grade level or piece of equipment- the nurse will investigate. There was one school that had two kindergarten students fall from a climbing structure within two days of each other and they both sustained fractures. The nurse went out and looked at the apparatus and after measuring and researching the structure, found evidence that it was not appropriate for student in Kindergarten to access. The Principal agreed with the nurse’s findings and instructed the K teachers to prohibit K students from using that particular piece of equipment.
- Keeping a list of under immunized students in the event of a vaccine preventable outbreak, these students are readily identifiable and can be excused from school.

F. Judgment

4F-1 Judgment

- Professional decorum is observed, this is evidenced by NO complaints of unprofessional behavior and direct observation.
- Appropriate disposition judgments made on student visits to clinic, as demonstrated in SNAP documentation.
- Respects privacy and maintains confidentiality, as evidenced by direct observation.
- Convenes Child Protection Team (Crisis team) when concerned about child welfare/safety. Nurse knows the protocol to follow when suspecting child abuse and or neglect. This is demonstrated by appropriate documentation.
- This can usually be captured in a walkthrough or behavior at a staff or PLC meeting

4F-2 Reliability and Responsibility

- Nurse is punctual and comes to work daily with a professional attitude and a friendly, readily approachable demeanor (requirement for our district). This is a direct observation, feedback provided by building principal and attendance records.
- Completes assignments in a timely fashion, prior to deadlines, this is demonstrated by when the nurse sends the nurse leader reports, bus lists, supply requests, Evidence is the document sent to the Nurse Leader
- Nurse completes state requested paperwork prior to the deadline, such as Asthma Surveys, Immunization Surveys, ESHS Monthly and Annual Reports. Evidence is a copy of report sent to the Nurse Leader *before* the deadline
- Nurse operates independently in her clinic, but recognizes when she needs to seek assistance. For example, the nurse can appropriately assess a situation and expediently make the determination whether to activate the EMS system. The evidence is demonstrated when the nurses 911 calls are reviewed and deemed necessary.
- The nurse is able to function, delegate and remain calm during emergency situations. This is a direct observation, but also noted on feedback if the nurse is UNABLE to perform in an emergency.
- This information can be captured in a walkthrough, but is best received from the building Principal who usually has more frequent observation of the nurse.