



Somewhere School System Self-Assessment Form

Educator—Name/Title: Sally

Primary Evaluator—Name/Title: Superintendent

Supervising Evaluator, if any—Name/Title/Role in evaluation: _____

School(s): System-wide position

Part 1: Analysis of Student Learning, Growth, and Achievement

Briefly summarize areas of strength and high-priority concerns for students under your responsibility for the upcoming school year. Cite evidence such as results from available assessments. This form should be individually submitted by educator, but Part 1 can also be used by individuals and/or teams who jointly review and analyze student data.

[603 CMR 35.06 \(2\)\(a\)1](#)

Strengths: Somewhere is an ESHS Grant school district. I compile and submit reports to DPH on a monthly basis that reflect the number of student encounters, disposition of students utilizing nursing services, health services activity, incident reports involving injury, emergency referrals, diagnosed head injury, medication management, nursing assessment/interventions/procedures/treatments, nursing care management (communication/meetings with parents and staff), linkages (student referrals to the medical community), wellness management (hunger management, education flyers or mailings, wellness or safety topics presented), support groups, program development and comments about public health problems. The ESHS data consistently demonstrates that students in this district maintain a high return to class rate (above 93%). Students need to be in class, healthy and ready to learn. The health services provided by school nurses in this district are a crucial link to their educational success.

High Priority Concerns: The Commonwealth of MA instituted nutritional guidelines that must be implemented this school year. Students, families and educational staff will require educational support as this mandate is implemented. ESHS Grant funds as well as MEF Grant funds have been utilized to acquire educational resources for health offices in each building. School nurses will need to become familiar with both the current nutritional guidelines as well as resource material purchased.

Team, if applicable: District Nurses

List Team Members below:

Susan Carol Kate

Chris Jane

Educator—Name/Title: Sally R.N., M.Ed. – Director of Nurses

Part 2: Assessment of Practice Against Performance Standards

Citing your district's performance rubric, briefly summarize areas of strength and high-priority areas for growth. Areas may target specific Standards, Indicators, or Elements, or span multiple Indicators or Elements within or across Standards. The form should be individually submitted by educator, but Part 2 can also be used by teams in preparation for proposing team goals.

[603 CMR 35.06 \(2\)\(a\)2](#)

Individual

Strengths: ESHS report data (monthly as well as year-end status) demonstrate that I am successful in improving quality of student health data collected. I have received positive feedback from nursing staff regarding templates created to facilitate this process. All reports are submitted in a timely manner. (Standard 1) I have completed a district portfolio as a requirement of the ESHS Grant in the area of continuous quality improvement. This portfolio contains artifacts that provide evidence of success in all rubric standards. It was presented at the final ESHS Grant meeting in May 2012 with positive feedback. I have also received positive feedback from administrators regarding my ability to communicate and collaborate successfully with parents as evidenced in participation in team meetings across grade levels, immunization compliance issues, implementation of MA Children Healthy Smiles and member of the early childhood screening team. (Standard 111) I reviewed a great deal of research in the area of pediatric oral health before participation in MA Healthy Smiles as well as completed a graduate level research course with this topic as focus. (Standard 1)

Areas for support: I will face challenges in the area of technology this year as I begin to develop IHP templates in our medical software program. These templates will provide a framework for basic healthcare issues commonly found in our school community. I have completed an online training but will require additional support. I am not a "digital native" but once skills are mastered, I am comfortable. (reflects all standards)

Team, if applicable: _____

List Team Members below:

_____	_____
_____	_____
_____	_____

Signature of Educator _____ Date _____

Signature of Evaluator _____ Date _____

* The evaluator's signature indicates that he or she has received a copy of the self-assessment form and the goal setting form with proposed goals. It does not denote approval of the goals.

Educator—Name/Title: Sally R.N., M.Ed. – Director of Nurses

Primary Evaluator—Name/Title: Kathy - Director of Special Education/Pupil Personnel

Supervising Evaluator, if any—Name/Title/Role in evaluation: _____

School(s): System-wide position

Check all that apply¹: Proposed Goals Final Goals Date: 9/26/2012

A minimum of one student learning goal and one professional practice goal are required. **Team goals must be considered** per [603 CMR 35.06\(3\)\(b\)](#). Attach pages as needed for additional goals or revisions made to proposed goals during the development of the Educator Plan.

Student Learning SMART Goal <i>Check whether goal is individual or team; write team name if applicable.</i>	Professional Practice SMART Goal <i>Check whether goal is individual or team; write team name if applicable.</i>
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Team: <u>Susan, Jane, Carol, Kate, and Chris</u> <p style="text-align: center;"><u>SMART GOAL FOR NUTRITION</u></p> <p>Between August 27, 2012 and June 12, 2014, students will build mastery of age appropriate nutritional concepts with educational resources provided by the school nurse team as year one and two of the Revised MA Nutritional Guidelines are implemented; pre k – 12.</p>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Team: _____ <p style="text-align: center;"><u>SMART GOAL FOR TECHNOLOGY</u></p> <p>Between August 27, 2012 and June 12, 2014, Sally will begin to develop an IHP template database in SNAP school health software to improve documentation of student health care issues among district nursing staff; pre k – 12.</p>

SMART: S=Specific and Strategic; M=Measurable; A=Action Oriented;
R=Rigorous, Realistic, and Results-Focused; T=Timed and Tracked

¹ If proposed goals change during Plan Development, edits may be recorded directly on original sheet or revised goal may be recorded on a new sheet. If proposed goals are approved as written, a separate sheet is not required.

Student Learning Goal(s): Planned Activities

*Describe actions the educator will take to attain the student learning goal(s).
Activities may apply to individual and/or team. Attach additional pages as needed.*

Action	Supports/Resources from School/District ¹	Timeline or Frequency
Department guidance regarding implementation of the School Nurse Nutrition Initiative	Nurse-specific professional development days Revised School Nutrition Guidelines Supplies purchased with MEF and ESHS Grant Funds	Sept. 27, 2012 Dec. 13, 2012 Jan. 24, 2013 March 7, 2013 Future dates determined by 2013-2014 Professional Development Calendar
Monitor bulletin boards in each building which are updated monthly to reflect various nutritional concepts	Bulletin Boards purchased for each school with funds provided by ESHS Grant Bulletin Board Kits purchased for each school with funds provided by MEF Grant	Monthly (September 2012 – June 2014)
Review pre-nutritional program questionnaire (grades 1, 4, 7 and 10)		January 2013
Review questionnaire results		February 2013 February 2014
Review post-nutritional program questionnaire (grades 1, 4, 7 and 10)		April 2013
Review questionnaire results		May 2013 May 2014

*Additional detail may be attached if needed

Professional Practice Goal(s): Planned Activities

*Describe actions the educator will take to attain the professional practice goal(s).
Activities may apply to individual and/or team. Attach additional pages as needed.*

Action	Supports/Resources from School/District ²	Timeline or Frequency
Needs Assessment	ESHS Statistical Reports	Monthly (September 2012 – June 2014)
	ESHS Status Report	June 2013 June 2014
IHP template software training (review)	SNAP School Health software SNAP technology support staff	December 2012
ESHS Nurse Leader Meetings	School Health Unit Consultation	Dec. 11, 2012 March 12, 2013 May 7, 2013 2013 – 2014 dates to be determined
Regional Nurse Leader Meetings	Regional Advisor consultation SNAP Resource Nurse Consultation	October 17, 2012 January 18, 2013 April 26, 2013 2013 – 2014 dates to be determined
Complete phase one of SNAP IHP database	SNAP School Health software	June 2013
Complete phase two of SNAP IHP database	SNAP software technology support	June 2014

² Must identify means for educator to receive feedback for improvement per [603 CMR 35.06\(3\)\(d\)](#)