



Educator—Name/Title: Nancy Sample

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: The health office data shows a strong return to class rate (I-B-I)I have adjusted my nursing practice to meet the needs of my students in a timely manner to decrease time out of the classroom as documented in the EHR system. (I-B-I)I have communicated with families on a daily basis as required and encourage them to be active participants in their child's health care including being part of the development of the Individual health Care plan. (III-A-I,III-C-I)

Areas for support: While reviewing incoming students I was informed a new second grade student will be arriving in October and has been newly diagnosed with diabetes. As demonstrated in the past I have sound clinical judgment and skills (I-A-I) but will face new challenges with this student as I have not care for a child with diabetes. I would like additional support through PD and nursing mentors.(IV-B-I)

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: Nancy Sample

Primary Evaluator—Name/Title: Julie Nurse Leader

Supervising Evaluator, if any—Name/Title/Role in evaluation: Joe Building Principal

School(s): System-wide position

Check all that apply¹: Proposed Goals Final Goals Date: 10/18/2012

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>
<p><input type="checkbox"/> Individual <input checked="" type="checkbox"/> Team: District Nurses</p> <p><u>Smart Goal for Reducing Absences due to Asthma</u></p> <p>During the 2012-2013 school year the number of school days students are absent due to asthma symptoms will decrease by 10%. Educational programs will be conducted to address issues such as identifying triggers and appropriate use of medication to improve asthma management and decrease absentee rates.</p>	<p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Team: _____</p> <p><u>Smart Goal for Diabetes Education</u></p> <p>This school year 2012-2013 I will improve my clinical skills in the care of students with diabetes. This will be measured by mastery of clinical skills; CHO counting, glucose monitoring, insulin pump, etc.</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
Identify students diagnosed with asthma and the number of days they are missing school	Student health records attendance records will be reviewed	First month of school
Provide Professional Development program for district nurses on asthma so all are aware of current best practices	Seek out asthma educators through hospitals, NASN educator, or nursing colleague	Sept. or Oct.2012
Meet with student/family to review healthcare plan and identify issues that may be contributing to absences	Nursing staff, guidance	Oct. 2012
Student programs, review asthma at appropriate development level, may include identifying triggers, inhaler use, importance of medication; daily/rescue	Space for student group, time for nurse, guidance counselor, educational materials	Once per week for first month then monthly
Review absentee list daily, identify students out due to asthma	Administrative assistance- identifies reasons students are out	Daily
Count participating student absences monthly to identify need for further interventions	Health record and absentee list	Monthly

*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
Review current literature on care of the child with diabetes	Current nursing journal	Sept.2012
Attend professional development program on diabetes	Substitute nurse provided to allow attendance at PD offered by Children's Hospital, NEU, or other source.	Sept./ Oct. 2012
Meet with district nursing colleagues who currently care for students with diabetes to share best practices	Share PD time, nurse meeting time	Fall 2012
Meet with the new student/family to develop the IHCP and provide consistent care while at school.	Time	Prior to student's admission to school
District Nurse Leader or Mentor will review my clinical skills and provide feedback	Nursing colleagues	Prior to student admission

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