



COLORADO
Department of Education

Colorado State Model Evaluation System for Specialized Service Professionals: *Practical Ideas Guide for Evaluating School Nurses*

Developed by:

Colorado Department of Education and Practitioners Across Colorado

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Foreword

****PLEASE NOTE: The purpose of this document is to highlight possible approaches for districts and BOCES to consider when constructing their approach to evaluating school nurses. CDE will be collecting on-going feedback to improve this guidance.***

Following the passage of Senate Bill 10-191, commonly referred to as the Great Teachers and Leaders Act, the Colorado Department of Education (CDE) began creating the state's evaluation system and requirements for all educators whose positions require them to hold a state license. During the first two years of development of the new system (2010 to 2012), CDE staff members focused on the processes and materials for evaluating teachers and principals. Those processes and materials were pilot tested during the 2012-13 school year, and a validation study was conducted based on data collected during the 2013-14 school year. During the 2013-14 school year, processes and materials for specialized service professionals were made available to districts to pilot test and provide feedback related to needed improvements. Data related to the outcomes of using specialized service professional materials were collected during the 2014-15 school year and will be used to conduct validation activities related to this set of rubrics.

Throughout the development, pilot testing, and validation study activities, CDE heard from groups of teachers, principals and specialized service professionals and their evaluators who expressed concerns that the materials do not provide adequate guidance evaluating some staff members, particularly those whose positions differ from or require unique responsibilities as a result of the context in which they work. Users have requested additional guidance regarding evidence/artifacts that may be used to help them better understand what materials and documentation educators should be expected to collect throughout the year as a part of completing their responsibilities. In addition, they have asked about specific practices to "look-for" to guide observations of their practice and help ensure that all licensed educators receive fair, valid, and reliable evaluations.

In response to such requests, CDE initiated the development of a set of practical ideas guides written by practitioners for practitioners. They are intended to provide informal advice to educators and their evaluators to help them understand the evaluation process within their specific context. Unless otherwise noted, the contents of this guide are not policy requirements but merely ideas to help educators make the best use of the state model system. The following practical ideas guides have been developed and are available at <http://cde.state.co.us/educatoreffectiveness/implementationguidance#practicalideaguides>.

- Early Childhood Education Teachers
- Special Education Teachers
- Teacher Librarians
- Teachers of English Language Learners/Culturally and Linguistically Diverse Education Specialists
- Teachers of the Arts (Dance, Music, Theatre and Visual Arts)
- World Languages

In addition, the following guides are under development and will be posted to the same website as they are finalized:

Assistant Principals

Teachers of:

- Bilingual Students
- Language Arts
- Mathematics
- Physical Education
- Science
- Social Studies

Specialized Service Professionals

- School Counselors
- School Nurses
- School Psychologists
- Speech-Language Pathologists

It is CDE's hope that these guides will help everyone involved have a better understanding of how the State Model Evaluation System and evaluation process may be fairly used to ensure that all educators, including those in the groups listed above, are evaluated in a manner that is fair, rigorous, transparent and valid.

Acknowledgements

The many contributions of the CDE staff members and practitioners who contributed to this work are gratefully acknowledged. Many school- and district-based educators generously gave their time and expertise to write this brief as a service to their colleagues. It is their hope that the brief will be used as an informal set of suggestions and ideas to help school nurses and their evaluators better understand the Colorado State Model Educator Evaluation System and how it applies to them. Contributors to the development of this guide include:

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Introduction

Colorado's Senate Bill 10-191 (S.B. 10-191) requires schools, school districts, and the Colorado Department of Education (CDE) to evaluate all licensed educators with state approved quality and performance standards at least annually. This requirement applies to evaluating the performance of principals, assistant principals, teachers and specialized service professionals. To help districts address this requirement, CDE provides the processes and materials for classroom teachers that were developed as a part of the Colorado State Model Educator Evaluation System (state model system). Throughout the development and pilot testing of the state model system, groups of teachers have expressed questions about the applicability of the new evaluation system for educators such as themselves. This is true for school nurses whose roles and responsibilities often differ from those of classroom teachers. Because of such differences, the teacher evaluation materials do not necessarily provide opportunities to review and rate all facets of the school nurse's work. This practical ideas guide is intended to help school nurses and their evaluators maximize the flexibility options built into the new system to ensure that they receive a rigorous, fair and valid evaluation.

The Colorado State Model Educator Evaluation System

The state model system is being planned, developed and implemented with a focus on continuously improving educator performance and student achievement. S.B. 10-191 guides the state and school districts in the transformation of current evaluation processes from a focus primarily on compliance to more rigorous and supportive processes that provide for continuous professional learning and improvement. To support school districts in implementing the new evaluation requirements, CDE developed the state model system to provide consistent, fair and rigorous educator evaluations, save district resources and enable them to focus on improving teaching, learning and leading. Districts are not required to use the state model system, but if they choose not to, then they are required to create their own system that meets all state laws and regulations.

The basic purposes of this system are to ensure that all licensed educators:

- Are evaluated using multiple, fair, transparent, timely, rigorous and valid methods.
- Are assessed through two main avenues: measuring student learning (50 percent) and evaluating teacher professional practices (50 percent).
- Receive adequate feedback and professional development support to provide them a meaningful opportunity to improve their effectiveness.
- Are provided the means to share effective practices with other educators throughout the state.
- Receive meaningful feedback to inform their professional growth and continuous improvement.

Successful implementation of the state model system is dependent upon attending to the following priorities, or guiding principles:

1. Data should inform decisions, but human judgment is critical.
2. The implementation of the system must embody continuous improvement.
3. The purpose of the system is to provide meaningful and credible feedback that improves performance.
4. The development and implementation of educator evaluation systems must continue to involve all stakeholders in a collaborative process.
5. Educator evaluations must take place within a larger system that is aligned and supportive.

The Colorado State Model Evaluation System uses a meaningful process for educator evaluation. The year-long cycle includes regular conversations between the evaluator and the person being evaluated; it is not a one-time event or observation, but rather a process that focuses on continuous improvement of the skills, knowledge and student outcomes of the person being evaluated. S. B. 10-191 requires that at least one observation be conducted annually for non-probationary teachers and at least two for probationary teachers. Districts may choose to conduct additional observations in order to provide high quality feedback and/or to confirm the accuracy of final professional practices ratings prior to finalizing them. The state model system evaluation cycle includes, but is not limited to:

- Training
- Annual orientation to the system/tools
- Educator self-assessment
- Review of annual goals and performance plan
- A mid-year review
- An evaluator assessment based on observation(s) and review of artifacts
- An end-of-year review
- A final rating
- Goal-setting and performance planning for the next school year

Who Should Use This Brief

This brief is intended for:

- School Nurses and
- Evaluators who are responsible for evaluating school nurses

This guide is intended to support school nurses and their evaluators as they explore the specialized service professionals' effectiveness from a perspective that recognizes the intricacies of keeping students healthy, safe and ready to learn.

Guiding Principles when Evaluating a School Nurse

School nursing, a specialized practice of public health nursing, protects and promotes student health, facilitates normal development and advances academic success. School nurses, grounded in evidence-based and ethical practice, are leaders that bridge healthcare and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential (NASN 2016).

The School Nurse and their evaluators should keep the following guiding principles in mind as they determine professional practice ratings:

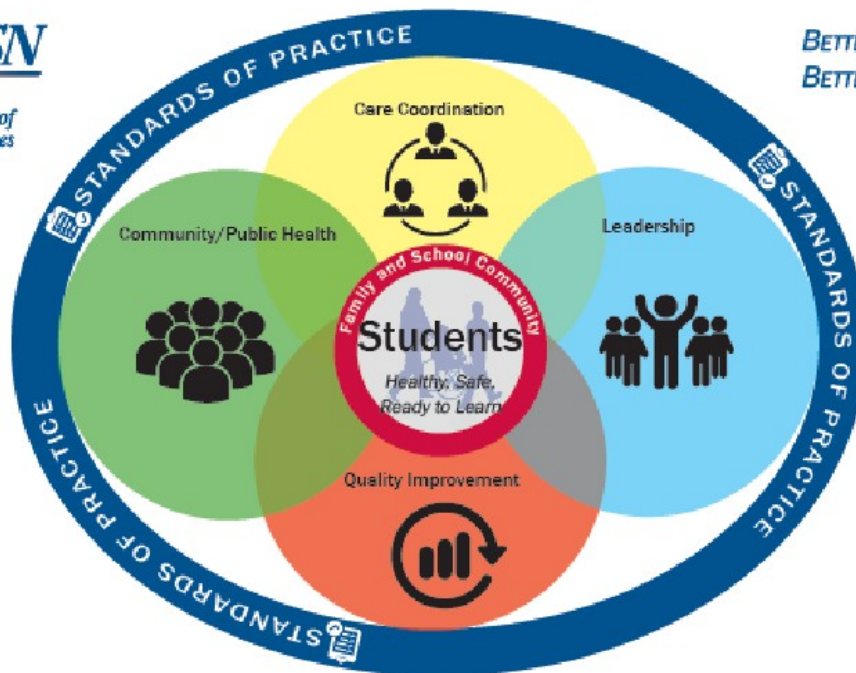
- **School nurses facilitate normal development and positive student response to interventions.**
The school nurse serves as the health care expert in the school to meet student health needs with an understanding of normal growth and development in children and youth as well as students with special needs. The school nurse develops plans for student care based on the nursing process, which includes assessment, interventions, and identification of outcomes and evaluation of care (Wolfe, 2006).

- **School nurses provide leadership in promoting health and safety, including a healthy environment.**
The school nurse provides health-related education to students and staff in individual and group settings and provides consultation to other school professionals, including food service personnel, physical education teachers, coaches, and counselors. Responsibilities in the provision of a safe and healthy school environment include the school nurse's monitoring of immunizations, managing communicable diseases, assessing the school environment for safety to prevent injury and spearheading infection control measures. The school nurse is also a leader in the development of school safety plans to address bullying, school violence, and the full range of emergencies that may occur at school (Wolfe, 2006).
- **School nurses provide quality health care and intervene with actual and potential health problems.**
Health care for chronic and acute illness, as well as injuries in the school setting, is a major focus of the role of the school nurse. The school nurse is responsible for medication administration, health care procedures, and the development of health care plans. Students often have multiple needs that should be examined in order for the student to be able to be successful in the classroom, and school nurses often engage in health screenings that include vision, hearing, body mass index, mental health index or other screening procedures (often based on local and state regulations) to address those issues (Wolfe, 2006).
- **School nurses use clinical judgment in providing case management services.**
The school nurse receives medical orders to guide the health care needed to assist each student to be safe and successful at school. As in other clinical settings, the nurse develops Individualized Healthcare Plans (IHPs) in nursing language to direct nursing care for students as well as Emergency Care Plans (ECPs) written in lay language to guide the response of unlicensed personnel in a health-related emergency. Both plans are tailored to the individual needs of a specific student to improve expected care outcomes. The nurse makes decisions related to the appropriate delegation of healthcare tasks as directed by state laws and professional practice guidance (American Nurses Association [ANA]/National Council of State Boards of Nursing [NCSBN], 2006). As medical and information technology advance and change, it is imperative for the school nurse to pursue professional development so the school nurse is able to provide the best possible care for the student population (Wolfe, 2006).
- **School nurses actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy and learning.**
Coordinating the linkage between the medical home, family and school is an important aspect of the role of the school nurse. The school nurse has health expertise that is essential to school educational teams, such as the Committee on Special Education, the Individualized Educational Plan (IEP) team and the Section 504 Team so that health-related barriers to learning can be reduced for each student. The school nurse can provide families with referral information along with available community resources to improve access to health care. The school nurse can also assist families in obtaining health insurance as needed and can represent the school on community coalitions to advocate for school-based health care (Wolfe, 2006).

Framework for 21st Century School Nursing Practice™



BETTER HEALTH.
BETTER LEARNING.™



NASN's *Framework for 21st Century School Nursing Practice* (the *Framework*) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the *Framework* is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of *Care Coordination*, *Leadership*, *Quality Improvement*, and *Community/Public Health*. These principles are surrounded by the fifth principle, *Standards of Practice*, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.

| Standards of Practice | Care Coordination | Leadership | Quality Improvement | Community/Public Health |
|--|---|---|---|--|
| <ul style="list-style-type: none"> Clinical Competence Clinical Guidelines Code of Ethics Critical Thinking Evidence-based Practice NASN Position Statements Nurse Practice Acts Scope and Standards of Practice | <ul style="list-style-type: none"> Case Management Chronic Disease Management Collaborative Communication Direct Care Education Interdisciplinary Teams Motivational Interviewing/Counseling Nursing Delegation Student Care Plans Student-centered Care Student Self-empowerment Transition Planning | <ul style="list-style-type: none"> Advocacy Change Agents Education Reform Funding and Reimbursement Healthcare Reform Lifelong Learner Models of Practice Technology Policy Development and Implementation Professionalism Systems-level Leadership | <ul style="list-style-type: none"> Continuous Quality Improvement Documentation/Data Collection Evaluation Meaningful Health/Academic Outcomes Performance Appraisal Research Uniform Data Set | <ul style="list-style-type: none"> Access to Care Cultural Competency Disease Prevention Environmental Health Health Education Health Equity Healthy People 2020 Health Promotion Outreach Population-based Care Risk Reduction Screenings/Referral/Follow-up Social Determinants of Health Surveillance |

ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health*. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wscoc-a-collaborative-approach.pdf>

Additional Considerations for the Evaluation of School Nurses

- o For the evaluation process, evaluators of school nurses are encouraged to have a CDE Special Services license with an endorsement as a School Nurse. This will enable the evaluator to understand what is expected of a school nurse and what should be observed in the school setting. Should the evaluator not have school nursing expertise, then a person with such expertise should be asked to help with the evaluation activities, particularly observation and interpretation of School Nursing Scope and Standard of Practice (NASN 2010) to ensure that a fair and reliable evaluation is completed.
- o Evaluators should be familiar with the school community context in which School Nurses work and have a solid understanding of the relationship between health and learning.
- o Evaluators should understand that the school nurse functions as an independent practitioner who is accountable under the scope of practice of their professional license and their state's Nurse Practice Act.
- o Evaluators should be aware that the school nurse is responsible for adherence to federal, state and local public health and human services rules and regulations.

An Example of the Goal-Setting Conference for a School Nurse

"James," a school nurse at "Anywhere Elementary," meets with his evaluator for a beginning-of-the year goal-setting meeting. Before this meeting, James has assessed his own performance by using the Colorado State Model Educator Evaluation System Rubric for Evaluating Colorado Special Services Professionals and by thinking about his preparation and commitment to students in his school(s). James should prepare for a meeting with his evaluator by drawing on expertise in working with students with disabilities and finding the places of alignment between the Scope and Standards of School Nursing Practice that guide the delivery of health services and the rubric on which he is being evaluated. This alignment of the standards and his expertise will ensure that he is being evaluated from a perspective that acknowledges his specialized knowledge, skills, background, and expertise as a School Nurse.

James, in the conversation with his evaluator, set a goal regarding his work contributing to the health of the school population during the upcoming year. Current data suggests that about one in three children miss more than a month of school for various reasons and school attendance affects a student's academic achievement; this trend is also found at James' school. For that reason, James chose to focus on Standard 1, Element B: "School Nurses demonstrate effective services or specially designed instruction that reduces barrier to and support learning in literacy, math, and other content areas." James also thinks this standard and element closely align with Standard III, Element B: "School Nurses utilize multiple sources of data, which include valid informal and/or formal assessments, to inform services and/or specially designed instruction."

James believes that there will always be more to do in working meaningfully with the parents and students, so he also wants to push himself by focusing on Standard V Element B: "School Nurses advocate for students, families and schools." James' evaluator supports his choice of goals, particularly because they align well with the goals of the school.

James and his evaluator spend a few minutes talking about what his performance will look like in his school(s) for him to be "proficient," "accomplished," or "exemplary" on these standards and elements. This is an important opportunity for James' evaluator to learn about the health needs of students in his assignment. James' evaluator will benefit greatly from knowing as much as possible about his students as well as about James' perspectives on improving his work on these three elements.

Considering this conversation, James should set a goal for himself regarding his work on these three elements and his ongoing development as a school nurse. An example of the overall goals James might set for himself is:

“I will use various types of informal and formal assessment practices to measure absenteeism rates and identify barriers to school attendance. I will analyze the school attendance data to inform interventions to support school attendance. I will collaborate with the families and communities of my students, particularly as a method to engage parents and students in understanding the importance of consistent school attendance.

Now that James has written out his goal, he and his evaluator should collaboratively decide how to measure James’ growth in these areas and how he will document and demonstrate his effectiveness.

For example, some measurable action steps related to some of James’ goals could be:

1. At least once a week, James will analyze attendance data and identify students with higher than average absenteeism related to health conditions for intervention. Non-health related attendance concerns will be referred to appropriate personnel.
2. At least monthly, James will identify trends or patterns in both student and school level attendance data.
3. James will collaborate with building administrator(s) by mid-semester to identify and determine intervention strategies for the targeted population.
4. James will document interventions for the population identified and monitor results of those interventions.

James and his evaluator should also decide how his work will be documented. For instance, James could be sure to share his assessments and data collection with his evaluator. His evaluator may choose to observe the assessment process and James’ analysis of attendance and intervention data. James could collect attendance data and document results over time, showing how his intervention has positively affected attendance rates. Together, the evaluator and James can make a reasonable plan that both supports his ongoing growth as a school nurse and also provides evidence of that development.

Additional Supports for School Nurses and Their Evaluators

Except for the evidence required by S.B. 10-191 and described in Exhibit 1, additional evidence/artifacts are not necessary unless the evaluator and person being evaluated have differing opinions about final ratings. In such a case, additional evidence about performance on the specific rating(s) in question may be considered. During the final evaluation conference, the evaluator and school nurse should agree on the specific evidence needed to support the rating(s) each believes is correct. Such evidence may include documents, communications, analyses, or other types of materials that are normally and customarily collected during the course of conducting their everyday activities.

Exhibits 1 and 2 may prove to be useful when evaluating school nurses. Evaluators may find them helpful as they think about the work of school nurses and how their specialized knowledge and skills can be evaluated accurately. They may also help school nurses develop their own roadmaps to success as they complete their self-assessment, participate in the evaluation process, and develop professional goals.

EXHIBIT 1: Observations, Required Measures and Other Evidence/Artifacts

S.B. 10-191 REQUIRES MULTIPLE MEASURES OF EDUCATOR PERFORMANCE MEASURED ON MULTIPLE OCCASIONS THROUGHOUT THE YEAR. For specialized service professionals this requirement is defined as required measures and optional additional measures (evidence/artifacts). While the rubric serves as the data collection tool for observations, districts and BOCES must determine the method for collecting data regarding required measures and additional evidence/artifacts. This chart serves as a reminder of the required measures that must be discussed annually and evidence/artifacts that may be discussed at the end of the evaluation cycle to confirm the accuracy of ratings.

Shall be based on at least one of the following performance measures, when appropriate to the SSP's assigned duties:

- Student perception measures, where appropriate and feasible
- Peer feedback
- Parent or guardian feedback
- Student support documentation

ADDITIONAL EVIDENCE/ARTIFACTS:

Evaluation of professional practice may include additional measures such as those listed below. These are provided as examples of evidence the evaluator and/or educator being evaluated may share with each other to provide evidence of performance in addition to observations and evaluator ratings collected on the rubric.

- Ensures confidentiality of records according to FERPA
- CDE special service provider license as a school nurse
- Committee/workgroup minutes
- Communication with families and students
- Data collection methods
- Delegation logs
- Department of Regulatory Agencies (DORA) license for registered nurse
- Documented evidence of communication with staff, colleagues, and health care providers
- Documented evidence of presentations to internal and external groups
- Verification of formal/informal leadership roles
- Immunization compliance
- Screening referrals and follow-up
- Individualized healthcare plans
- Local and national conference agendas
- Membership in school teams
- NCSN certification
- Needs assessment finds of school community
- Nursing documentation records
- Professional development certificates of attendance
- Relevant use of federal, state and district laws and policies
- Resource materials on cultural groups
- Return to class rates
- School committee roster
- Service evaluations
- Staff training logs

- SPED evaluations
- Section 504 plans
- Student academic data
- Unlicensed Assistive Personnel (UAP) training logs
- Agenda for parent/caregiver and student classes on health topics
- Absenteeism/Increased attendance related to health issues.
- Discipline referrals
- Increased access to education (homebound students/improved access in the least restrictive environment)
- Improved immunization compliance
- Improved vision/hearing screening and follow up
- Improved physical health (BMI, Dental)
- Medication supervision/delegation/monitor – medical interventions are reduced, medication errors are reduced
- Safe performance of health related procedures
- Medical home/Medicaid
- Health education
- Case management and resource provision
- Chronic disease management
- Nutrition services
- Student self-management of chronic conditions
- Client satisfaction
- Infectious disease control
- Physical/Health indicators
- Student self-management of chronic disease
- Emotional/behavioral health
- Participation rates in high stakes state assessments
- Personal care services
- Connecting with community resources
- 504 plan development/support
- Wellness promotion
- Safety data collection and injury tracking during school sponsored activities

For additional ideas:

- Selekman, J. G. (2003). Identification of desired outcomes for school nursing practice. *Journal of School Nursing*, 344-350.

Again, evidence/artifacts listed in Exhibit 1 are examples of items that **may** be used to demonstrate proficiency on any given standard. The evaluator and/or school nurse being evaluated may use additional evidence/artifacts to address specific issues that need further explanation or illustration during the end-of-year performance discussion. The evaluator and/or school nurse may also use other evidence/artifacts to provide the rationale for specific element or standard ratings. CDE built flexibility into the use of artifacts and/or other evidence. The items listed above are provided as ideas for school nurse and their evaluators.

Exhibit 2 provides ideas for the evaluator to use during the observation process. The “physical evidence/demonstration (what to look for)” lists suggest behaviors and activities that may be found where the specialized service professional demonstrates proficiency on the Specialized Service Professional Quality Standards and Elements.

Exhibit 2: Specialized Service Professional Quality Standards and Physical Evidence/Demonstration: School Nurses

| QUALITY STANDARD I | |
|---|--|
| Specialized service professionals demonstrate mastery of and expertise in the domain for which they are responsible. | |
| Elements | Evidence of Practices that May be Used in the Evaluation for School Nurses |
| <p>A. Specialized service professionals demonstrate knowledge of current developmental science, the ways in which learning takes place, and the appropriate levels of intellectual, social, and emotional development of their students.</p> | <ul style="list-style-type: none"> ● School Nurse demonstrates and verbalizes knowledge of physical, psychosocial and cognitive development theories and applies to school nurse practice ● School Nurse consistently alters communication and assessment techniques to correspond to child’s physical/developmental age and intellectual capacity ● Examples of individual student or school population promotion designed for and targeting specific age groups ● Copies of communications from families/ teachers documenting interactions with school nurse and response to school nurse interventions |
| <p>B. Specialized service professionals demonstrate knowledge of effective services and/or specially designed instruction that reduce barriers to and support learning in literacy, math, and other content areas.</p> | <ul style="list-style-type: none"> ● School Nurse assesses student’s self-care ability/deficits in relation to management of health conditions and provides support while promoting autonomy and independence of student ● School Nurse provides artifacts outlining development of plans aligning with section 504 and/or IDEA documenting assessment, goal setting and provision of accommodations to address student health related barriers to learning ● School Nurse develops individual health plans (IHPs) for students to address health related barriers to learning and provide continuity of care between home and school ● School Nurse provides documentation of information sharing of plans and dissemination of information of student specific plans within the scope of FERPA ● School Nurse completes mandated hearing and vision screenings on school populations to identify common sensory disorders that impact learning and implements referral process and system to address identified deficits ● School Nurse outlines process for regularly evaluating effectiveness of plans for students and updating plans when student health status changes ● School teachers and administrators provide feedback on results of school nurse interventions and student’s ability to access instructional time/engage in learning ● School Nurse documented return to class rate for students seen in clinic ● School Nurse provides documentation of attendance monitoring and school population surveillance ● Documentation of School Nurse interventions designed to decrease absenteeism for both individual students and school community |
| <p>C. Specialized service professionals integrate evidence-based practices and research findings into their services and/or specially designed instruction.</p> | <ul style="list-style-type: none"> ● School Nurse demonstrates preparation for school nurse role through formal and informal training opportunities ● School Nurse demonstrates knowledge specific to school nursing in clinical areas including school and child care immunization law and requirements, Federal laws impacting students with disabilities and applicable privacy/confidentiality laws ● School Nurse Demonstrates best practices and standards of care for students with disorders commonly seen in school setting (asthma, |

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| | <p>anaphylaxis, seizures, diabetes, concussion) as determined by local, state, and national organizations</p> <ul style="list-style-type: none"> ● School Nurse cites sources of evidence including CDPHE infectious Diseases in Child Care and School Settings, Guidance on Delegation for Colorado School Nurses & Child Care Consultants, as well as school nurse CDE guidance ● School Nurse accesses and utilizes appropriate resources for school nurse practice including but not limited to NASN, The Journal of School Nursing, Journal of School Health, PubMed, CINAHL ● School Nurse describes process/framework used for determining EBP, reviewing available evidence and synthesizing information into practice recommendations ● School Nurse provides documentation of participation in data collection projects including participation in surveys related to school nurse practice, contribution to the NASN school nurse data set, formal research projects ● Feedback from building administrators, teachers and or families communicating value of school nurse services and role ● Documentation of School Nurse return to class rate for specific students and/or school population |
| <p>D. Specialized service professionals demonstrate knowledge of the interconnectedness of home, school, and community influences on student achievement.</p> | <ul style="list-style-type: none"> ● Documentation of clinic visit notes and parent communications ● Documentation of School Nurse provision of continuity of care between home and school for student health conditions impacting ability to learn ● School Nurse documentation and/or building administrator observations of School Nurse participation/collaboration on school teams including Safety Team, Threat Assessment Teams, SPED teams, 504 teams, Wellness Teams ● School Nurse documentation of work with non-governmental, governmental, and local community agencies related to individual student and/or school community health ● School Nurse documentation or building administrators observations of families/school community members utilizing nurse expertise for health related information both at school population level and individual student level |
| <p>E. Specialized service professionals demonstrate knowledge of and expertise in their professions.</p> | <ul style="list-style-type: none"> ● Documentation of preparation for entry into school nursing practice including attendance at CDE School Nurse Orientation ● Incorporates the Guidance on Delegation for Colorado School Nurses & Child Care Consultants in practice ● Ability to reference and incorporate into practice DORA/BON Rules and Regulations Regarding the Delegation of Nursing Tasks (Chapter XIII) ● Ability to reference and incorporate into practice the National Association of School Nursing Scope and Standards of Practice ● School Nurse documentation or building administrators observations of nurse serving as a resource to staff for health related information both at school population level and individual student level ● School Nurse provides documentation of communications with student/family in reference to student health needs and family response to School Nurse efforts to improve student health status and decrease barriers to learning ● School Nurse documentation/artifact demonstrating improvement in school community health status in response to School Nurse initiated intervention at population level ● School Nurse copies of delegation records ● School Nurse records of mentoring new school nurses |

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| | <ul style="list-style-type: none"> • School Nurse copies of newsletter and school community communications related to health promotion |
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*The practices included in these tables are examples only and should not be considered requirements or an all-inclusive list. They are provided to help the evaluator and specialized service professional understand how specialized service professional quality standards may be met through service delivery or specially designed instruction.

| QUALITY STANDARD II Specialized service professionals support and/or establish safe, inclusive, and respectful learning environments for a diverse population of students. | |
|--|---|
| Elements | Evidence of Practices that May be Used in the Evaluation for School Nurses* |
| A. Specialized service professionals foster safe and accessible learning environments in which each student has a positive, nurturing relationship with caring adults and peers. | <ul style="list-style-type: none"> • School Nurse consults with other staff: participates in evaluations of diaper changing tables care and safety; helps with evacuation plans for students in wheelchairs; promotes ADA access to all school sites • Documentation of assessment of accident reports and school injuries to determine patterns/trends on school grounds |
| B. Specialized service professionals demonstrate respect for diversity within the home, school, and local and global communities. | <ul style="list-style-type: none"> • School Nurse is observed to consistently use gender, culturally, ability level neutral language, asks appropriate questions for unknowns of cultural and societal differences |
| C. Specialized service professionals engage students as unique individuals with diverse backgrounds, interests, strengths, and needs. | <ul style="list-style-type: none"> • School Nurse demonstrates open body language, caring facial expression, calm voice in their observed interactions with students • Health Education and classroom presentations are tailored to diverse learning needs |
| D. Specialized service professionals engage in proactive, clear, and constructive communication and work collaboratively with students, families, and other significant adults and/or professionals. | <ul style="list-style-type: none"> • School Nurse is heard verbalizing clearly and in a respectful manner to all students, staff and families, as well as when in consultation with professional or community members • Health Education and classroom presentations are organized and clearly communicated by observation |
| E. Specialized service professionals select, create and/or support accessible learning environments characterized by acceptable student behavior, efficient use of time, and appropriate behavioral strategies. | <ul style="list-style-type: none"> • School Nurse is observed facilitating interactions with student alone or with others that models positive intent, stays on time and praises appropriate efforts on the student's part • School Nurse is observed supporting school wide initiatives such as bully proofing, character building, or social-emotional learning |

*The practices included in these tables are examples only and should not be considered requirements or an all-inclusive list. They are provided to help the evaluator and specialized service professional understand how specialized service professional quality standards may be met through service delivery or specially designed instruction.

| QUALITY STANDARD III | |
|---|--|
| Specialized service professionals plan, deliver, and/or monitor services and/or specially designed instruction and/or create environments that facilitate learning for their students. | |
| Elements | Evidence of Practices that May be Used in the Evaluation of School Nurses* |
| A. Specialized service professionals provide services and/or specially designed instruction aligned with state and federal laws, regulations and procedures, academic standards, their districts' organized plans of instruction and the individual needs of their students. | <ul style="list-style-type: none"> ● School Nurse identifies student health needs in the school(s)/programs they are responsible ● School Nurse develops student IHCP and 504 plans per federal and state guidelines ● Proof/copy of method used for sharing IHCP with "need to know" staff ● Documentation demonstrating teaching and delegation of services required supporting students with special needs ● Samples of communication with teachers/staff regarding students and follow-up of student's needs ● Observations of para-professionals and teachers interacting with students with special needs ● Staff presentations and training examples |
| B. Specialized service professionals utilize multiple sources of data, which include valid informal and/or formal assessments, to inform services and/or specially designed instruction. | <ul style="list-style-type: none"> ● School Nurse checks for patterns, medical information, previous charting notes while designing IHCP ● School Nurse recognizes need to delegate care to staff in order to best meet cost needs of district ● School Nurse considers risk, benefit and safety when making delegation decisions (appropriate number of delegates, appropriate knowledge and training levels) ● School Nurse considers cost effective medical resources when referring students for medical care (Tri-County clinics for immunizations, MCPN, vision vouchers, Second Wind Fund, Children's Hospital Colorado) ● School Nurse utilizes district software to generate school population data to better understand student health needs |
| C. Specialized service professionals plan and consistently deliver services and/or specially designed instruction that integrate multiple sources of data to inform practices related to student needs, learning, and progress toward achieving academic standards and individualized student goals. | <ul style="list-style-type: none"> ● School Nurse shares IHCP and 504 plan with "need to know staff" ● School Nurse communicates, teaches, delegates to appropriate staff ● School Nurse makes use of documentation for delegation of needed procedures and medications ● School Nurse evaluates the effectiveness of the IHCP and/or 504 Plan via communication with staff, students and parents ● School Nurse evaluates the effectiveness of the IHCP and/or 504 Plan through observation of students and staff ● School Nurse evaluates the effectiveness of the IHCP and/or 504 Plan through review of health data (office visits, blood glucose readings, seizure frequencies) ● School Nurse develops comprehensive health plan for students participating in off campus or after school activities (field trips, athletics, night school) |
| D. Specialized service professionals support and integrate appropriate available technology in their services and/or specially designed instruction to maximize student outcomes. | <ul style="list-style-type: none"> ● School Nurse delegates and reviews the use of various technologies used for medical treatment such as: AEDs, Epi-pens, Diastat, intranasal medication devices, asthma inhalers, peak flow meters, VNS magnet ● School Nurse works with supporting staff regarding computer skills needed for immunization input, clinic visit charting etc. ● School Nurse assesses other modes of technology to assist students such as: elevator access and specialized equipment such as CGM, tube feeding pumps, insulin pumps |

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| <p>E. Specialized service professionals establish and communicate high expectations for their students that support the development of critical-thinking, self-advocacy, leadership and problem solving skills.</p> | <ul style="list-style-type: none"> ● School Nurse interacts with both staff and students either on a 1:1 basis or in a classroom setting ● School Nurse has information available on bulletin boards, newsletters and/or other evidenced based materials/flyers ● School Nurse provides immunization notifications and follow-up ● School Nurse instructs both staff and students of wellness activities in either a 1:1 basis in a classroom setting (handwashing, respiratory droplet management, STD protection) ● School Nurse communicates with appropriate personnel regarding safety concerns in the building (swimming pool chlorine levels, playground concerns, doors, desks) ● School Nurse provides evidence-based educational information to staff, students and parents regarding specific infectious or nuisance issues that arise (influenza, lice, bed bugs) ● School Nurse communicates wellness programs and activities to staff, students and parents |
| <p>F. Specialized service professionals communicate effectively with students.</p> | <ul style="list-style-type: none"> ● School Nurse provides students with self-care instructions including demonstration, pictures and discussion (handwashing, respiratory droplet management) ● School Nurse provides written instructions and maps to students and/or parents regarding how to access out-of-district resources (BC4U, Tri-County immunization clinics) |
| <p>G. Specialized service professionals develop and/or implement services and/or specially designed instruction unique to their professions.</p> | <ul style="list-style-type: none"> ● School Nurse assesses, demonstrates and monitors student care. Then requests verbal repeat of information, follow-up demonstrations and assessment of student tolerance/outcomes ● School Nurse utilizes the Colorado State School Nurse website ● School Nurse actively participates in district/program professional growth activities |

*The practices included in these tables are examples only and should not be considered requirements or an all-inclusive list. They are provided to help the evaluator and specialized service professional understand how specialized service professional quality standards may be met through service delivery or specially designed instruction.

| QUALITY STANDARD IV Specialized service professionals reflect on their practice. | |
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| Elements | Evidence of Practices that May be Used in the Evaluation of School Nurses* |
| <p>A. Specialized service professionals demonstrate that they analyze student learning, development, and growth and apply what they learn to improve their practice.</p> | <ul style="list-style-type: none"> ● School Nurse gathers information from various sources-counselors, teachers, parents, providers, other students ● School Nurse communicates through emails, health care plans, newsletters, conferences and committees |
| <p>B. Specialized service professionals link professional growth to their professional goals.</p> | <ul style="list-style-type: none"> ● School Nurse attends 80% of district nurse professional growth activities ● School Nurse obtains and maintains CDE Special Services 0-21 licensure and to do so, maintains log of professional continuing education and skill building activities aligning them with school nursing and professional/personal goals |
| <p>C. Specialized service professionals respond to complex, dynamic environments.</p> | <ul style="list-style-type: none"> ● School Nurse is knowledgeable and involved in areas such as Risk management, infectious disease response and control, environmental health concerns and emergency preparedness within the schools and the community at large. |

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| QUALITY STANDARD V | |
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| Specialized service professionals demonstrate collaboration, advocacy and leadership. | |
| Elements | Evidence of Practices that May be Used in the Evaluation of School Nurses* |
| A. Specialized service professionals collaborate with internal and external stakeholders to meet the needs of students. | <ul style="list-style-type: none"> ● Records of communication with family, health care provider(s), and school staff demonstrating coordination and collaboration of care ● Facilitates coordination of school resources to perform vision and hearing screening program. (<i>documentation of screening process and referral outcomes</i>) ● Maintains contact information of local and state health authorities for addressing emerging health. (<i>or presents communication records for communicable disease outbreak</i>) ● Establishes effective process for field trip co-ordination and planning to assure safe inclusion of students with health issues. (<i>written school wide procedure plan</i>) |
| B. Specialized service professionals advocate for students, families and schools. | <ul style="list-style-type: none"> ● Provides written health information to school community via email blasts, school newsletters, bulletin boards ● Demonstrates advocacy for students needing 504 accommodations via communication logs ● Facilitates individual student access to healthcare care by referring uninsured students to resources (<i>increase in number of insured students over baseline data set</i>) |
| C. Specialized service professionals demonstrate leadership in their educational setting(s). | <ul style="list-style-type: none"> ● Schedules regular meetings with administrators/stakeholders to discuss successes and barriers to health services. ● Scripts a 2 minute ‘elevator’ message about school nursing service effectiveness in increasing instructional time and existing challenges ● Assess school using Essential School Health services document and develops action plan to meet deficits in school services |
| D. Specialized service professionals contribute knowledge and skills to educational practices and their profession. | <ul style="list-style-type: none"> ● Presents content outline and attendance roster of health and safety related trainings ● Evaluation tools from participants of health education offerings ● Communication records of sharing evidence based practice recommendations with peers demonstrating alignment with current practice or need for change in practice ● Leads a journal club discussion of the NASN Framework for 21st Century |
| E. Specialized service professionals demonstrate high ethical standards. | <ul style="list-style-type: none"> ● Documentation of release of information and secure transmission of protected health information. ● Seeks knowledge/skill building activities to meet needs of students with advancing medical technology. <i>E.g. insulin pump training certificate</i> ● Seeks knowledge/skill building activities to remediate insufficient personal skill base. <i>E.g. consultation with asthma specialist regarding inhaler/medication device technique</i> |

*The practices included in these tables are examples only and should not be considered requirements or an all-inclusive list. They are provided to help the evaluator and specialized service professional understand how specialized service professional quality standards may be met through service delivery or specially designed instruction.

Conclusion

The evaluation of school nurses presents unique challenges for both evaluators and the school nurses who are being evaluated.

This brief addresses the first concern by explaining how school nurses and their evaluators can take advantage of the flexibility built into the Rubric for Evaluating Colorado Specialized Service Professionals to address the unique responsibilities of school nurses. The exhibits in this guide are designed to be helpful in understanding how evaluation requirements may look for school nurses.

It is CDE's hope that this brief will prove helpful to school nurses and their evaluators by providing them with real-life examples of evidence/artifacts, what to look for in observations and practice, and ways in which school nurses may discuss their performance with their evaluators.

Resources

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