

Colorado Department of Education School Nurse Mentor Program Contact Log

Protégé Name:	
Mentor Name:	
Mentor Program Start Date:	End Date:
Checklist	Additional Notes/Follow-Up/Recommendations (include date and initials)
Protégé	
<input type="checkbox"/> Apply for Initial Special Service Provider License with CDE	
<input type="checkbox"/> Attend the CDE School Nurse Orientation (SNO) if able	
<input type="checkbox"/> Complete Mentor Program Evaluations at conclusion of program (Protégé & Administrator)	
Mentor & Protégé	
<input type="checkbox"/> Complete the Service Agreement with signatures of the protégé, mentor, and administrator/supervisor.	
<input type="checkbox"/> Regular communication between school nurse mentor and protégé	
<input type="checkbox"/> Mentors assist protégé in identifying growth goals and professional learning targets based on the Educator Effectiveness Evaluation model	
<input type="checkbox"/> Review the Essential School Health Services Guideline Checklist	
<input type="checkbox"/> Communication with administrator/ induction coordinator	

Meeting Topics:	Additional Notes/Follow-Up/Recommendations (include date and initials)
Special Education <ul style="list-style-type: none"> - IEPS - review types of evaluations - Health Assessments - OHI/ Disability Categories - Documentation of Nursing Services - Nursing Report - Other 	
Professional Development Attendance	
CDE Website Review	
Medication Administration <ul style="list-style-type: none"> - Field Trips - Stock Meds - Standing Orders <ul style="list-style-type: none"> - OTC - Stock epi, inhaler, etc 	
Immunizations	
Vision and Hearing Screening	
Health Care Plans	
Delegation	
Clinic/ Program Management	

Section 504	
Health Related District Policies	
Chronic Diseases	
Mental Health	
Concussion	
Other Topics Discussed	

I verify these topics were reviewed and discussed with the protégé:

I verify these topics were reviewed and discussed with the mentor:

Mentor: _____

Protégé: _____

Date: _____

Date: _____