

ROGERS PUBLIC SCHOOLS
PERFORMANCE APPRAISAL FOR HEALTH PARAPROFESSIONAL

NAME: _____ SCHOOL: _____ ASSIGNMENT: _____

Evaluation Category	Descriptions	Superior	Displays Strength	Average	Needs Improvement	Unsatisfactory	Not Applicable
RESPONSIBILITIES	Follows school board policies, guidelines and administrative decisions regarding school health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assists school nurse in maintaining health records and reports as directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communicates accurately and effectively with students, school personnel, and parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Administers first aid as directed by school nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Administers medication as prescribed by physicians, maintaining required documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Administers clean intermittent catheterization and other special health care procedures as directed by school nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assists school nurse in conducting screening for kindergarten, vision/hearing, scoliosis, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Observes the confidentiality of information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Presents a professional appearance and is prompt and attendance is acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Performs other duties as assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____							

Signature Health Parapro: _____ Date: _____

Signature of Head Nurse: _____ Date: _____

Evaluator's Signature: _____ Date: _____