School Nurse March 2019





Enhancing Professional Practice: A Framework for Teaching by Charlotte Danielson was first published by ASCD in 1996, and quickly found wide acceptance and acclaim across the nation for its research-based definition of good teaching. As Charlotte Danielson notes, the Framework for Teaching (FfT) is just that, a definition of teaching that did not address the work of many specialists, including school nurses. Recognizing the need for a similar definition for such positions, Charlotte Danielson added rubrics for several specialists in the second edition of the Framework for Teaching in 2007. In those specialist rubrics, the basic architecture of the Framework for Teaching remained, with the components adjusted to ensure relevance and alignment with the work of specialist groups.

The Danielson Group published the *Framework for Teaching Evaluation Instrument in 2011 and a second edition in 2013.* The *Evaluation Instrument* contained rubric language *for teachers* for each component at all four levels of performance, as well as critical attributes and possible examples for each of those levels of performance.

School nursing is a specialized practice of nursing that advances the health, well-being, and academic success of students. It is the role of school nurse to support student success by providing health care through assessment, intervention, and follow-up for all students. School nurses are the bridge between health care and education. School nursing practice is enhanced by outreach, collaboration and the development of partnerships within the community that support the health of the school and the surrounding community.

School nursing practice is shaped by the National Association of School Nurses *Framework for 21st Century School Nursing Practice*TM (NASN) and the NASN/American Nurses Association (ANA) School Nursing: Scope and Standards of Practice. The five principles of the framework provide structure and focus to the practice of school nursing. The principles include: standards of care, care coordination, leadership, quality improvement, and community/public health (NASN, 2015). The components of each principle reflect nursing activities that support and enhance the student and the school community's health and well-being. The scope of school nursing practice describes the who, what, when, where and how of school nursing (NASN, 2017). The standards reflect the broad range of school nursing practice. Each standard lists competencies and critical skills expected of school nurses. The competencies reflect the decision-making processes that form the foundation of school nursing practice.

In an attempt to address the specific characteristics of school nurses in the state of Delaware and to acknowledge the areas of alignment between the National Standards and the Delaware Specialist rubrics, a representation of school nurses from across the state of Delaware was consulted in the development of this document. Together with a consultant from the Danielson Group, the school nurses crafted a set of critical attributes and possible examples for each criterion across all four levels of performance. These examples are by no means meant to be exhaustive. Indeed, the broad and diverse world of school nurses demanded we develop examples from as many perspectives as possible based upon the concepts embedded in the Delaware Specialists rubrics.

This document can be used in multiple ways. Obviously, it can be used by observers to identify, collect, sort, and align accurate evidence for each criterion. The document is meant to be a working document that can be used by specialists and observers to support professional conversations based on a shared understanding of the criteria in order to provide and maintain a high level of service delivery, communication, and collaboration with students, families and the entire school community. The critical attributes and possible examples can help observers in providing specific feedback and actionable recommendations that encourage professional learning for specialists whose services are such an integral part of student success. Specialists and observers are encouraged to add additional examples specific to the specialists' responsibilities related to the vision, mission, and/or goals of their specific LEA and/or school. By using this document in these ways, it can be used to promote growth for the specialist and for those who observe.

Utilization of this document is meant to support quality school nursing practice and promote professional development and conversations within the school nursing community. We are deeply indebted to those committed and knowledgeable specialists from the state of Delaware who provided the necessary expertise and insight to the development of this guide.

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Component One: Planning and Preparation

Component One defines how a specialist plans for the delivery of services. While each group commands its unique content knowledge and expertise, when placed in the school setting the specialists focus on supporting the needs of the students, parents, and staff. Each group possesses a deep knowledge of the needs and characteristics of the groups they serve, from young students to adults. They know about resources within the school and/or community that can be obtained and used to meet the needs of the school, LEA, or individuals.

When planning, these professionals consult the current standards of practice established by their national committees. They rely on this knowledge base to guide them in determining the standards of effective practice. Further, the specialists select or design and implement assessment techniques to document student progress, to inform future service delivery, to guide student improvement, and to use technology when and where appropriate.

1a. Designing Coherent Programs or Services

The specialist designs activities and plans for services that support the needs of the students or clients served.

- The school nurse selects goals that are aligned with state/national standards.
- Goals are appropriate for the students or clients.
- The school nurse communicates how and why the goals are important.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The program is not aligned to	The program is partially aligned	The program is aligned to	The program is aligned to
	state/national standards and/or	to state/national standards	state/national standards, and the	state/national standards and the
	resources; activities are	and/or the activities partially	activities are appropriate for	activities are appropriate for
	inappropriate in nature for the	support the needs of the clients	those being served.	those being served and are
	group being served.	being served.		shared with a variety of

Critical Attributes	 The school nurse sets goals that are not aligned with state/national standards. The school nurse sets few or no goals and those that are selected are not appropriate for the students/ clients within their building. The school nurse does not communicate how and why 	 The school nurse selects some goals that are aligned with state/national standards. The school nurse selects some goals that are appropriate for the students/clients within their building. The school nurse 	 The school nurse selects goals that are aligned with state/national standards. The school nurse selects goals that are appropriate for the students/clients within their building. The school nurse communicates how and why all goals are important. 	 members of the community, as applicable. The school nurse selects goals that are aligned with state/national standards and that display a deep knowledge of the population served. The school nurse selects goals that represent and are appropriate for a diverse cultural and socioeconomic nonulation found within
	goals are important.	communicates how and why some of the goals are important.		population found within their school. The school nurse clearly communicates how and why goals are important and reflects the use of national/ state standards that improve the well-being of the population served.
Possible Examples	 Screenings have not started and/or school nurse is unaware of the regulations. The school nurse is unaware of incomplete health records and/or the requirements to complete a student health 	 Screenings are in process but may not be completed in accordance with regulations. The school nurse is aware of incomplete health records, but does not attempt to complete them or work with students/clients to meet the 	 Screenings are completed according to regulations (e.g., posture and gait screening completed as per regulation). The school nurse ensures that every student has a health record and a current 	 Screenings are completed according to the regulations (e.g., posture and gait screening completed in accordance with regulation; vision & hearing completed in accordance with regulation). Referrals and

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- The school nurse fails to communicate with administration, students/clients about why health records are necessary.
- And others...

requirements.

- The school nurse sporadically sets meetings to communicate with administration and students/ clients about why health records are necessary.
- And others...

- emergency card or is in the process of completing the requirements.
- The school nurse maintains ongoing communication with administration and students/clients through requested one-on-one meetings about why completed health records are important to the school and students.
- And others...

- follow up are scheduled and in progress or completed shortly after completion of the screenings.
- The school nurse connects students/clients with necessary resources to complete required elements of the student health record and follows up regularly to ensure compliance.
- The school nurse consistently communicates with administration and students/clients through monthly updates and personal contact about the value of completed health records to both the school community and individual students/clients.
- The school nurse utilizes the suggested schedule for school nurses.
- And others...

1b. Demonstrating Knowledge of Best Practice and Models of Delivery

The specialist uses practices and models of delivery that are aligned with local and national standards.

- The school nurse uses his/her knowledge of the profession in planning.
- The school nurse considers multi-disciplinary connections and plans how they will help students or clients.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	Little or no knowledge of best practices and/or models of delivery are identified, and/ or they are inappropriate for the group being served or the setting in which it is implemented.	There is partial knowledge of best practices and/or models of services indicated in the plan that will meet the needs of most of those being served.	Solid knowledge of best practices and/or models of delivery of services are indicated in the plan and the selected practices are appropriate to those being served.	There is a deep knowledge of the practices/ models of delivery indicated in the plan which are appropriate to those being served and extend into applications in the school community beyond the school.
Critical Attributes	 The school nurse is unable to utilize the nursing process (assessment, diagnosis, planning, implementation, and evaluation) when planning student care. The school nurse is unaware of members of multidisciplinary teams in the school. Models of delivery are not appropriate for group or setting in which they are implemented. 	 The school nurse demonstrates basic understanding of the nursing process and best practices in school nursing. The school nurse is aware of other members of multidisciplinary teams but does not seek input from team members in planning for health care interventions. 	 The school nurse demonstrates solid knowledge of the nursing process and best practices and incorporates them into planning for all students. The school nurse is aware of other members of multidisciplinary teams and seeks input in planning for healthcare interventions. 	 The school nurse shares expertise with colleagues to enhance and promote consistency within the school/LEA regarding planning for students' health care needs. The school nurse consistently collaborates with members of multidisciplinary team(s) in planning for healthcare interventions.

Possible Examples

- The school nurse is not familiar with the steps of the nursing process (assessment, diagnosis, planning, implementation, and evaluation).
- The school nurse fails to seek input from multi-disciplinary team(s).
- The school nurse is unaware of School Nursing Scope and Standards of Practice.
- The school nurse is unaware of the appropriate approaches for the specific school population (e.g., using a PowerPoint presentation to teach hand washing to kindergarten students.)
- And others...

- The school nurse is able to identify the steps of the nursing process.
- The school nurse fails to consider input from multidisciplinary team(s).
- The school nurse has a copy of School Nurse Scope and Standards of Practice but does not read or utilize it for planning.
- The school nurse is able to use appropriate strategies to present information to the various members of the school community (e.g. scheduling a local health organization to distribute brochures about their services to parents on Back to School Night.)
- And others...

- The school nurse develops Individualized Health Care Plans (IHP) for students with identified health impairments utilizing the steps in the nursing process.
- The school nurse shares health information obtained through sources such as NemoursLink, Nemours Children's Health System and the Delaware Division of Public Health with other specialists, (e.g., speech therapist, occupational therapist, school psychologist).
- The school nurse utilizes information obtained through sources such as Nemours Link, Nemours Children's Health System, and the Delaware Division of Public Health to plan for health care needs.
- And others...

- The school nurse attends community cafes and presentations hosted by agencies such as the Nemours Health System, Christiana Care Health System and the Delaware Academy of Medicine.
- The school nurse extends information on preparation for students with special health care needs to other district nurses.
- The school nurse implements and can explain how health care plans utilize the steps in the nursing process.
- The school nurse demonstrates coordination of care by having most students with chronic conditions connected with the Student Health Collaboration and has an Individual Health Plan for care.
- And others...

1c. Demonstrating Knowledge of Students or Clients

The specialist shows knowledge of the needs and characteristics of the students or clients, including their approaches to learning, knowledge, skills, and interests.

- The school nurse determines the student's or client's needs and uses that information in planning service delivery.
- The school nurse values student or client interests and cultural heritage.
- The school nurse collects information about each student's or client's learning and medical needs as appropriate.
 - o The school nurse collects student information from a variety of sources.
 - o The school nurse refers to this information when considering adaptations or accommodations for service delivery.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	Little to no knowledge of the developmental, learning, social, and cultural needs of the students or clients is demonstrated in the plan with no specific means of addressing the elements.	There is partial knowledge of the developmental, learning, social, and cultural needs of the clients demonstrated in the plan with each element partially being addressed.	There is a solid knowledge of the developmental, learning, social, and cultural needs of the students or clients demonstrated in the plan to include at least one specified means of addressing each noted in the plan.	There is a deep knowledge of the developmental, learning, social, and cultural needs of the students or clients with a variety of ways to address each noted in the plan.
Critical Attributes	 The plan demonstrates that the school nurse is unaware of social and socio-economic needs of the students/clients served. The school nurse does not take into account the growth/developmental levels, socioeconomic, cultural and/or learning needs of students in 	 The plan demonstrates that the school nurse is aware of the social and socioeconomic needs of the students/ clients and community served. The school nurse does incorporate some knowledge of growth/developmental, socioeconomic, cultural and/or learning needs of 	 The plan demonstrates that the school nurse has a solid knowledge of the growth/developmental levels and learning needs of the students/clients being served. The school nurse incorporates social, socioeconomic and cultural diversity in the selection of 	 The school nurse conducts a needs assessment survey annually and information from the survey is used to identify and establish plans for the year. The school nurse plans to collaborate with local and community expertise in order to enhance knowledge about the

	planning. The plan demonstrates that the school nurse is unaware of available resources to build understanding of the growth/developmental levels, socioeconomic and cultural aspects of the community served.	students in planning. The school nurse is aware of resources available to obtain information on the growth/developmental levels, socioeconomic, cultural and/or learning needs of the students served but does not fully incorporate the information in planning for individual students.	materials to be provided and/or presented to students/ clients. The school nurse plans to seek out community agencies/resources to collaborate and enhance services provided to the students/community. The school nurse is aware of needs assessments, but has not fully utilized/implemented them to support planning.	growth/developmental, socioeconomic, cultural and/or learning needs and resources available to support students/clients. The school nurse plans to share Information, as appropriate, throughout the school community. The school nurse plans to adapt service delivery in order to meet the needs of the community as changes occur.
Possible Examples	 The school nurse displays high school appropriate posters/materials in an elementary school (or vice versa). Posters in elementary schools contain only words, with no visual cues for non-readers or non-English speakers. The school nurse may make statements such as: "I am planning to teach 3rd grade girls about self breast exams." "I will be teaching the school board how to prevent the flu by making them wash their 	 The school nurse displays picture posters in an elementary school, not just posters with words; however, the posters do not reflect the cultural diversity of the students/community being served. The school nurse makes some materials available in multiple formats/languages to meet the needs of the students/community being served. For example, a school nurse makes information available in Braille for blind students 	 The school nurse displays are grade/age appropriate and reflect the cultural diversity of the students/community being served. The school nurse develops a needs survey to determine the needs of the students/clients served. The school nurse says, "I need materials in Spanish, Creole, and Braille to meet the needs of my community." Or, "I need materials at various grade levels and incorporating the diverse culture of our school 	 The school nurse builds a collaborative working relationship with community leaders and officials to address the needs of the school community The school nurse attends community forums/town halls. The school nurse attends school board meetings regularly. The school nurse incorporates a variety of materials, techniques and resources, including community and regional

 hands." The school nurse has materials available in English only when there is a large population of students who speak other languages at home in the school. The school nurse makes no attempt to use local resources to identify needs of the community (e.g. food, safety, shelter, clothing). And others 	 and/or their parents. The school nurse occasionally contacts local resources such as the police department, local Lions Club, local food pantry, and others to meet the needs of the students/community. And others 	community." The school nurse frequently contacts local resources such as the police department, local Lions Club, local food pantry and others to meet the needs of the students/ community. And others	experts when planning programs for the school community. The school nurse promotes community partnerships and outreach programs. The school nurse encourages community solutions and involvement to meet identified needs of the students/clients served. And others
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1d. Demonstrating Knowledge or Resources

The specialist selects appropriate resources, either within or outside of the school, which support the needs of students or clients.

- All materials and resources are suitable for the students or clients and support the stated goals of service.
- The school nurse assures that activities and tasks support meaningful student improvement.
- The school nurse uses technology to enhance service delivery.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	Little to no knowledge of how to	There is partial knowledge of	There is a solid knowledge of the	There is a deep knowledge of the
	select and/or access resources to	how to select and/or access the	resources available and how to	resources available and an
	support the program and	resources and an emerging	access them and they are used to	understanding of how to access
	understanding of the program	understanding of how the	extend knowledge of the	them within the school
	are demonstrated.		program at the building level.	community and beyond and they

Critical Attributes	 The school nurse fails to provide materials or resources that support the goals of the program to students/clients. The school nurse fails to use technology to enhance service. 	resources support the needs of the program. The school nurse provides a limited amount of materials and resources that are suitable for the students/clients and support the stated goals of service. The school nurse makes limited use of technology to enhance service.	 The school nurse provides materials and resources that are suitable for the students/clients and support the stated goals of service. The school nurse uses technology to enhance service delivery. 	 are used to extend the knowledge of the program beyond the school setting. The school nurse provides materials and resources within and beyond the school setting that are suitable for the students/clients and support the stated goals of service. The school nurse actively seeks to locate additional materials and resources and evaluates their effectiveness in supporting the school community. The school nurse uses a
				broad range of technology to enhance service delivery.
Possible Examples	 The school nurse has no materials or resources available for students/clients. The school nurse does not use multimedia to communicate and provide information, materials and/or resources to students/clients. And others 	 The school nurse has limited credible (evidence based) materials and or resources or available materials are not always age appropriate. The school nurse makes minimal use of multimedia formats to communicate and provide information, materials and/or resources. And others 	 The school nurse has credible (evidence based) posters, pamphlets, written materials, website urls, bulletin boards that display age appropriate materials and resources for students/clients and support the stated goals of service. The school nurse communicates and provides information, materials and 	 The school nurse has credible (evidence based) materials and resources easily accessible to the student/client. The school nurse encourages individual and group discussion, as appropriate to enhance student/client understanding and use of resources and materials. The school nurse

	resources though multimedia channels (e.g., email, automated phone messages, sound bites during announcements, TV health loop messages, school nurse website.) • And others	encourages interaction with appropriate apps. The school nurse extensively communicates available information, materials and resources through multimedia formats and extends these materials and resources to the entire school community. And others
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1e. Demonstrating Knowledge of How to Design or Use Student Assessments

The specialist creates and/or selects assessments that are congruent with service delivery goals, criteria, and standards and to plans for the use of those assessments.

- The school nurse creates and/or selects assessments that are fully aligned with goals for services.
- The school nurse plans for the use of assessments to closely monitor student or client progress.
- The school nurse is familiar with a broad array of assessment data related to the students or clients they serve.
- The school nurse uses collective data to design services for groups and for individual students or clients.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	Assessment tools are inappropriate and/or not used in planning.	The assessment tools are appropriate, and they are partially used in planning.	The assessment tools are appropriate and clearly used in planning and the results are shared with staff, when appropriate.	There are multiple assessment tools that are appropriate, and they are used in planning and are shared with a variety of groups beyond the school where appropriate.

Critical Attributes	 The school nurse either does not create and/or selects assessments that are not aligned with goals for services. The school nurse fails to plan for the use of assessments to monitor student/client progress. The school nurse is unfamiliar with a broad array of assessment data related to the student's /client's served and/or fails to use data to design services for groups and or individual students/clients. 	 The school nurse creates and/or selects assessments that are partially aligned with goals for services. The school nurse occasionally plans for the use of assessments to sporadically monitor student/client progress. The school nurse has limited knowledge of a broad array of assessment data related to the students/ clients served and occasionally uses data to design services for groups and/or individual students/clients. 	 The school nurse creates and/or selects assessments that are fully aligned with goals for services. The school nurse plans for the use of assessments to closely monitor student/client progress. The school nurse is familiar with a broad array of assessment data related to the students/ clients served and uses data to design services for groups and or individual students/clients. The school nurse shares data with school staff, as appropriate. 	 The school nurse creates and/or selects assessments that are fully aligned with goals for services and can validate the use of the selected assessments through state and national standards. The school nurse plans for the use of assessments to closely monitor student/client progress and anticipates future needs based off of the monitoring process. The school nurse is familiar with and utilizes a broad array of assessment data related to the students/clients served and consistently uses data to design services for groups and or individual students/clients. The school nurse shares data with stakeholders, as appropriate.
Possible Examples	 No assessment data is created or selected when planning programs. The school nurse makes 	 An assessment to evaluate student/client basic knowledge of chronic conditions (e.g. asthma/ allergy knowledge 	 The school nurse has created or selected an assessment to evaluate student/client knowledge of chronic conditions (e.g. asthma/ 	 An assessment to evaluate chronic conditions has been created and the school nurse's analysis of the data reflects a deep

statements such as:

"I will just wing it."

"I don't have time to plan for this. I just need to get it done."

"All students learn this way."

- The school nurse fails to use any data that relates to student needs.
- And others...

assessment) is used without plans for use of the data.

- The school nurse says, "I know I have students who are visual, auditory or kinesthetic learners but I only have time to give them the instruction sheet. I know I have students who can't read, but this is what I have."
- The school nurse attempts to use various data and relate it to the needs of groups of students.
- The school nurse doesn't fully assess the student and may miss collecting pertinent data (e.g., not taking temperature with report of headache or stomachache; not listening to lung sounds when student requests to use his inhaler).
- And others...

allergy knowledge assessment) and has plans to use the assessment data.

- The school nurse uses school data such as attendance data, 911 reports, injury reports, and student nurse's office visit frequency rates to evaluate student needs.
- The school nurse says, "I have reviewed the data and found that our students need ____ so I am planning the following programs that I can modify for my different age groups."
- And others...

- understanding of the data as well as the identification of future needs related to the conditions.
- The school nurse uses school data such as attendance data, 911 reports, injury reports, student-nurse frequency rates to evaluate student needs and plan for future services.
- The school nurse shares data with stakeholders such as administrators and school counselors in order to improve school/individual outcomes.
- The school nurse has reviewed various data and needs assessments and reached out to stakeholders for additional information for planning programs.
- And others...

Component Two: Professional Practice and Delivery of Service

Each specialist establishes an environment to work with his or her clients. Although this environment may be shared with others, the specialist can design a setting that will meet the needs of their work. Specialists interact respectfully with students, staff, and others. They help students learn to interact respectfully. They build relationships with staff members, parents, and students creating a strong rapport. Each group, therefore, feels that their needs and interests are important and will be addressed.

Specialists command an extensive repertoire of instructional or professional strategies. They identify appropriate strategies to be used as they work with others. They realize that daily interactions and plans may require adjustment. They are responsive to change requests. In addition, they communicate clearly and accurately with clients, moving from discussions with students using student-friendly terms to practice-specific discussions with professionals. They seek information about their clients' backgrounds and work effectively with all ethnic groups.

As they deliver their services, specialists select resources and materials aligned to meet the needs of their clients. For example, they may seek information translated into another language to make certain that parents/guardians can read and access the material. They know how to assist their clients in securing resources and materials within the district and community.

2a. Creating an Environment to Support Student or Client Needs

The specialist creates an environment in which student or client needs are identified and valued; specialist and student or client interactions show rapport that is grounded in mutual respect.

- The school nurse's interactions with students or clients reflect genuine respect and caring for individual students or clients and groups of students or clients.
- The school nurse's interactions are appropriate for the age and culture of the students or clients.
- The school nurse deals with sensitive interactions with students or clients appropriately.
- The school nurse models and sets expectations for student or client interactions.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	Interaction with at least some staff and students is negative, demeaning, sarcastic, or inappropriate. Students/ stakeholders exhibit disrespect for the specialist. Specialist allows or encourages interactions between others that mirror the above.	Interactions are generally appropriate but may indicate a disregard for the needs of the stakeholders and/or their culture. Students/stakeholders exhibit only minimal respect for the specialist. The students/stakeholders in the setting do not demonstrate disrespect for each other.	The interactions are friendly and demonstrate general caring and respect. Interactions are appropriate to the age and culture of the students/stakeholders and they exhibit respect for the specialist. Interactions in settings between students/stakeholders are generally polite and respectful.	Interactions with students/ stakeholders reflect genuine respect and caring for individuals as well as the group. Students/ stakeholders appear to trust the specialist with sensitive information. Students/ stakeholders in the setting reflect the same characteristics when interacting with others.
Critical Attributes	 Interactions with the school nurse and/or the nursing environment do not reflect sensitivity to the needs, cultural diversity, socioeconomic status, and developmental milestones of the school community. The school nurse and/or the nursing environment do not reflect, nor encourage, a culture of respect. Interactions between the school nurse and staff, students and/or stakeholders are disrespectful. The nursing environment is not welcoming. 	 Interactions with the school nurse and/or the nursing environment reflects some sensitivity to the needs, cultural diversity, socioeconomic status, and developmental milestones of the school community. The school nurse attempts to create an environment that fosters a culture of respect. Interactions between the school nurse and students/stakeholders are generally respectful. The school nurse attempts to create an environment that is welcoming to students, parents and/or stakeholders. 	 Interactions with the school nurse and the nursing environment reflects sensitivity to the needs, cultural diversity, the socioeconomic status, and developmental milestones of the school community. The school nurse models respectful behavior in interactions with students/stakeholders and creates an environment that fosters a culture of respect. The nursing environment is welcoming to students, clients, and stakeholders. 	 Interacting with others. Interactions with the school nurse and the nursing environment accurately and fully demonstrate sensitivity to the needs, cultural diversity, socioeconomic status, and developmental milestones of the school community. The school nurse creates an environment that promotes and encourages respect for all. The nursing environment is comforting and reflects genuine caring for all.

Possible Examples

- The school nurse makes inappropriate or derogatory comments upon student's arrival.
- The cultural diversity of the school is not evident in office materials and set up.
- Inappropriate age/cognitive materials are present in the nursing environment.
- And others...

- The school nurse does not acknowledge student arrival or ignores the student.
- The nursing environment may be cluttered but reflects some age appropriate materials.
- The school nurse makes some attempt to recognize the cultural and socioeconomic diversity of the school.
- And others...

- The school nurse acknowledges each student upon entry.
- The nursing environment is clean, neat and age appropriate.
- The nursing environment reflects the cultural and socioeconomic diversity of the school.
- And others...

- The school nurse incorporates and encourages respectful cultural and socioeconomic conversation in the health suite.
- The nursing environment reflects inclusivity of all.
- The environment reflects age and cognitively appropriate materials. Posters are appropriate for age group. Handouts address the needs of age group being serviced.
- And others...

2b. Demonstrating Flexibility and Responsiveness

The specialist has a repertoire of instructional or professional strategies and makes modifications to services* based on the needs of students or clients.

- The school nurse observes the actions and reactions of the students or clients as the session is underway.
- The school nurse adjusts her plans based on student's or client's needs.
- Adjustments within the session occur smoothly.
- The school nurse continually evaluates the adjustments and seeks additional approaches, strategies and resources.

^{* &}quot;Services" refers to school health services programs. Examples include health screenings, educational programs and trainings, health promotion and prevention.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialist rigidly adheres to his/her plan, even when change is clearly needed. The specialist brushes aside the concerns or questions of the students/ stakeholders. When the program is not successful the specialists blames the students/ stakeholders or the environment.	The specialist attempts to adjust the program when needed with partial success. The specialist attempts to accommodate the concerns and questions of the students/ stakeholders with partial success. The specialist accepts responsibility for the program but has a limited repertoire of strategies.	The specialist makes minor adjustments to the program, which enhances the success. The specialist successfully accommodates questions for the students/ stakeholders. The specialist accepts responsibility for the program and works to include students/ stakeholders who are resistant. The specialist has a broad repertoire of strategies.	The specialist makes major adjustments to the program when needed to guarantee the effectiveness of the program. The specialist seizes the opportunity to enhance the program through work with others. The specialist persists in seeking effective approaches for students/ stakeholders, has a broad repertoire of strategies, and solicits additional resources for the program.
Critical Attributes	 The school nurse ignores indications that there is a lack of student/client understanding. The school nurse brushes aside student/client questions or concerns. The school nurse blames the student/client, stakeholders or the environment when the program is not successful. The school nurse does not attempt to adjust the services in response to 	 The school nurse attempts to incorporate student needs and interests into the service/session. The school nurse attempts to answer student questions or concerns, but also demonstrates some uncertainty as to how to assist the student. And others 	 The school nurse includes student needs and interests into the service or session. The school nurse conveys and uses other approaches to try when the student has trouble. In reflecting on practice, the school nurse tries multiple approaches to meet the needs of the student. 	 The school nurse seizes a teachable moment to enhance their service or session. The school nurse consistently adapts the plan of care, responds effectively to scheduled and unscheduled changes throughout the school day for a student with a chronic condition, and communicates the changes appropriately to the school community.

Possible Examples	 students' /clients' lack of understanding. The school nurse says, "I'm too busy" or "I don't have time for that today." The school nurse says, "We just talked about this yesterday." The school nurse gives parents a brochure about their child's chronic health condition and tells the 	 The school nurse states any of the following: "Let's see if there is another way for me to show you this." "Sometimes you're doing this right and sometimes you are not." "Let me look into this further and I will call you 	 The school nurse states any of the following: "That's a great idea! Let's try it." "I see the doctor gave you a pamphlet to read regarding your inhaler. Let's read it together." The school nurse accesses the American Lung 	 The school nurse assists a student with Type 1 Diabetes multiple times during the school day and alerts the staff of symptoms of high and low blood sugar and when the student will need to return to the school nurse. The school nurse develops and consistently implements
	parent not to call the school nurse, but to call the number on the back of the brochure if they have any questions. And others	back (down) later." • And others	Association website to show the student/client proper use of the inhaler. • And others	 an Individualized Healthcare Plan (IHP) for the student with a chronic health condition. The school nurse invites a local healthcare provider to do a presentation to students/parents of middle school students with asthma. And others

2c. Communicating Clearly and Accurately

Verbal and written communication is clear and appropriate to students' or clients' ages, backgrounds, needs, and/or levels of understanding.

Indicators:

• Directions are presented to students or clients in clear and age appropriate terms.

- Procedures are clear and understood by the students or clients.
- The school nurse's explanations are accurate and appropriate.
- The school nurse helps students connect previous experience to current learning.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The purpose of the communication is unclear or confusing to the students/ stakeholders. It may contain inappropriate language and/ or major errors when speaking or in writing.	The purpose of the communication is vague with clarifications after initial response from students/ stakeholders. The explanation is uneven and may be difficult to follow. There are few errors in speaking or writing.	The purpose of the communication is clear to all and the content is appropriate and connects with students'/ stakeholders' knowledge and experience. There are no errors in speaking or writing.	The purpose of the communication is clear to all and the content is differentiated to meet the needs of the readers. There are no errors in speaking and writing.
Critical Attributes	 The school nurse's written or spoken directions are unclear to students and/or clients or are presented in terms that are not age appropriate. The school nurse does not attempt to connect previous experiences to current learning. The school nurse does not request confirmation of understanding from students/clients. 	 The school nurse provides adequate directions. The school nurse occasionally uses previous experiences to connect to current learning. The school nurse requests confirmation of understanding from students/clients. 	 The school nurse provides directions in age appropriate terms that are clear and concise. The school nurse uses previous experiences to connect to current learning. The school nurse requests a return demonstration or verbalization to assess effectiveness of student/client understanding of directions and/or procedures. 	 The school nurse provides direction in age appropriate terms using analogies and metaphors, when appropriate. The student/client recalls previous experiences and applies them to present learning. The student/client returns a demonstration or verbalizes an understanding of directions or procedures without prompting.

Possible Examples

- The school nurse uses technical terms without explaining the meaning to students/clients.
- The school nurse says, "Here is Tylenol for your headache", with no further questions or explanations, and no education about headache.
- And others...

- The school nurse provides information on a specific health related topic but the information is not age appropriate.
- The school nurse gives student only a written list of directions for proper use of his inhaler.
- The school nurse asks if the student/client understands or has any questions about information provided verbally or in writing.
- And others...

- The school nurse requests a return demonstration or verbalization on new information provided.
- The school nurse uses examples of possible outcomes to assist with effective learning.
- And others...

- The student is able to do a return demonstration without prompting and is able to verbalize and recall the information for future use.
- And others...

2d Delivery of Services to Students or Clients

The specialist is responsive to the identified needs of the students or clients and meets the standards of professional practice. The resources and materials are suitable and match the needs of the students or clients. The delivery of service is coherent.

- The school nurse has clearly established standards of conduct and students or clients can articulate what is expected of them.
- The workspace is safe.
- The school nurse monitors and corrects any safety infractions.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The setting is not safe and/or some students/stakeholders do not have appropriate access to services. Considerable time is lost in delivery of services due to the managing of procedures by the specialist. Routines are ineffective resulting in significant loss of time. Standards of conduct are not clearly established and result in loss of time. National standards/models of delivery are not the focus of the specialist.	The setting is safe, and at least essential services are accessible to most students/stakeholders. Some time is lost in the delivery of services due to the managing of procedures by the specialist. Routines function moderately well with some loss of time. Standards of conduct may be established but are not consistent.	The setting is safe, and the services are equally accessible to all students/stakeholders. Effective systems for the delivery of services result in little loss of instructional time. Routines occur smoothly with little loss of time. Standards of conduct are established and generally consistent. National standards/models of delivery are present and support the success of the program.	The specialist advocates for accessibility of services for all students/stakeholders. Systems for performing delivery of services are well established and optimize the time for services. Routines are seamless and optimize the time for delivery of services. Standards of conduct are well established and consistent. National standards/models of delivery are well established and reflect the high involvement of the specialist within and outside of the school setting.

Critical Attributes

- The school nurse has no clearly established procedures and/or students/clients are unaware of expectations.
- The school nurse's office is unsafe and/or inaccessible to students/clients.
- There is prolonged loss of instructional time for students due to a lack of established procedures or inefficient procedures.

- A code of conduct is present but not modified for the nurse's office.
- Office procedures are not clearly stated or followed.
- Medication is secure but nursing supplies are accessible without supervision.
- Emergency equipment is present but not easily accessible or identified.
- A treatment area is present but limits ability to maintain supervision of all students or does not provide for confidentiality or privacy.
- Students may be greeted and the school nurse occasionally completes a visual assessment and inquiry of needs upon arrival and provides quick or simple treatments so that students can return to the classroom promptly.

- Standards of conduct are clearly established and students/clients are aware of expectations.
- The school nurse's office is safe and equally accessible to students/clients.
- Procedures are established for rapid and efficient needs assessment to limit out of class time.
- Standards of conduct are clearly established and consistent with studentidentified needs.
- Students/clients are fully aware of the expectations and conform to established expectations.
- Workspace is safe and promotes accessibility for all student/clients in accordance to identified needs.
- Procedures are clearly established and well communicated to promote rapid and highly efficient needs assessment to reduce out of classroom instructional time.

Possible Examples

- No expectations for conduct are displayed or communicated with students/clients.
- Students observed wondering throughout the nurse's office without supervision.
- Medications and/or nursing supplies are not secure and are easily accessed by the non-supervised student.
- No emergency equipment is available.
- Ineffective treatment area/or not clearly identified treatment area with little ability to maintain supervision of all students. No consideration or concern for student privacy or confidentiality.
- Students are not greeted or at times ignored upon arrival. Students are seen in order of arrival; therefore, students with quick or simple treatment needs may spend extensive time out of classroom
- And others...

- The school nurse has a signin procedure, but it is not clearly displayed.
- A code of conduct exists but has not been modified for the nurse's office.
- Limited seating is available in the nurse's office with some students wondering around the waiting area.
- Medication is secure but nursing supplies accessible without supervision.
- Emergency equipment is present but not easily accessible or identified.
- A treatment area is present but limits the school nurse's ability to maintain supervision of all students or does not provide for confidentiality or privacy.
- Upon arrival, students/clients are generally greeted and occasionally the school nurse completes a visual assessment and inquiry of needs.
- Occasionally, quick or simple treatments are addressed to

- A clear sign-in procedure has been established and is prominently displayed.
- A code of conduct/office rules are clearly displayed and followed by most students/clients who enter the nurse's office.
- Seating upon arrival in waiting area is easily supervised and accessible to student needs.
- The school nurse maintains the security of medication and nursing supplies.
- Emergency equipment is easily accessible and clearly identified.
- The treatment area is clearly indicated and accommodates the needs of students to include privacy and confidentiality, while allowing the school nurse to maintain supervision of all students.
- Students are greeted upon entry and visual assessment and needs inquiry is completed upon entry.
 - Students needing quick and

- The school nurse has an established and efficient sign in procedure.
- A specific code of conduct and expectations are clearly communicated by the school nurse and followed by all students/students.
- The waiting area is organized to accommodate all students in a supervised manner providing literature or learning materials while students are waiting.
- All medications and nursing supplies are secure and not accessed by students.
- Emergency equipment is clearly displayed and easily accessible when necessary.
- The treatment area clearly promotes student privacy and confidentiality, while permitting supervision of all students.
- All students are greeted and visual assessment and needs inquiry is completed upon entry. Procedures are clearly indicated for non-nursing/ self-care. Students

	promptly return students to the classroom-learning environment. • And others	simple treatments are processed rapidly. If the school nurse is dealing with an urgent or emergency situation, these students are asked to return later. Office is neat and free of clutter. And others	communicate needs and outcomes and return to class quickly. Offices hours and accessibility match the needs of the school and can be fluid to accommodate emergencies and urgent care of students. Office is neat and free of clutter. And others
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Component Three: Professional Consultation and Collaboration

The nature of specialists' assignments requires them to form partnerships with families, staff, and/or external agencies. They are skillful in establishing these relationships and understand that the interactions between these parties impact student learning. They understand that they are valued members of the school learning community and that part of their responsibility is to assist clients in addressing school-wide issues, problems, and concerns. This often includes training others and providing awareness of problems and concerns.

Specialists have a wide range of school-based resources that they share with staff and families. Specialists often identify resources and make them available to those who need them. In addition, they may assist staff members in securing resources to meet the individual needs of students, such as technology or materials in other languages.

There are times when a specialist needs to maintain student/client confidentiality. Such circumstances may be related to families, students, staff, or other LEA employees. Specialists know the appropriate authorities to address issues and make those contacts for the client when appropriate.

3a. Collaborating with Others

The specialist develops partnerships with school, district staff, and external agencies to provide integrated services that meet student or client needs.

- The school nurse collaborates with teachers, administrators, and/or other specialists to meet the needs of students or clients.
- The school nurse collaborates with teachers, administrators, and/or other specialists to meet the needs of the school and/or Local Education Agency (LEA).
- The school nurse participates in committees to ensure student or client needs are addressed appropriately.
- The school nurse participates in committees to ensure services address school and/or LEA needs.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialist declines or resists	The specialist collaborates with	The specialist collaborates with	The specialist collaborates with
	collaboration with others in the	others in the design of the	others in the design of the plan	others in the design of the plan
	design of the program to meet	program but is only partially	and meeting the needs of the	and seeks input from all levels to
	the needs of the school.	successful in meeting the needs	school.	assure the needs of the
		of the school.		school/LEA are being met.

- The school nurse does not share their expertise with members of the school community.
- The school nurse declines opportunities to participate or collaborate with teachers, administrators, and other specialists.
- The school counselor resists attending or serving on school or LEA committees.

- The school nurse attends mandatory meetings but offers no/little input into the discussion.
- The school nurse occasionally collaborates with teachers, administrators and other specialists in aligning the needs and resources for students/clients, school, and LEA.
- The school nurse frequently collaborates with teachers, administrators and other specialists in aligning the needs and resources for students/clients, school and LFA.
- The school nurse participates in committees appropriate to student or client needs.
- The school nurse shares their committee experiences and activities with teachers, administrators, and other specialists.

- The school nurse consistently collaborates and shares their expertise with teachers, administrators, and other specialists.
- The school nurse consistently shares their activities on committees that are appropriate to student/client/school or LEA needs.
- The school nurse extends their expertise by seeking input from colleagues and/or local stakeholders on strategies and resources for meeting student/client needs.

Possible Examples

- The school does not attend PLC's.
- The school nurse does not attend IEP and 504 meetings.
- The school nurse does not participate in staff meetings.
- The school nurse declines participation on committees in school or LEA-wide.
- And others...

- The school nurse attends mandatory meetings with prompting.
- The school nurse is a passive observer in meetings.
- The school nurse attends IEP and 504 meetings with prompting.
- The school nurse rarely participates on school or LEA-wide committees.

- The school nurse plans and follows-through on plans to attend IEP and 504 meetings.
- The school nurse participates in staff meetings and PLC's.
- The school nurse attends LEA-wide committee meetings such as nutrition, wellness, crisis, etc.
- And others...

- The school nurse shares expertise in IEP and 504 meetings.
- The school nurse shares and/or implements committee ideas and recommendations that enhance services to meet the needs of students or other clients.
- The school nurse offers to collaborate with the health

	And others	teacher when he is teachin the unit on healthy eating.	_
		The school nurse says to the school counselor, "Would you like to co-chair a committee with me to find resources to provide health Thanksgiving meals for our families in need?"	ny
		And others	

3b. Serving as a Consultant to the School Community

The specialist shares his or her expertise with the school staff to assist them in their work or to respond to school-wide issues, problems, or concerns.

- The school nurse shares information about services with colleagues in the school and/or LEA.
- The school nurse provides information about services in multiple formats.
- The nurse seeks opportunities to provide expertise in appropriate venues and formats.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialists declines or resists serving as a consultant to the school community.	The specialist serves as a consultant to the school community, but the services may be inconsistent.	The specialist serves as a consultant to the school community and shares expertise with others frequently.	The specialist serves as a consultant to the school community and seeks ways to share expertise within the school setting and beyond.
Critical Attributes	 Students and staff must seek out the school nurse for health information. The school nurse provides 	 The school nurse utilizes only one format to communicate health information. The school nurse occasionally 	opportunities to gain knowledge of health needs in	 The school nurse provides health education and promotion programs for staff and students.

	 only episodic care to students. The school nurse refuses to treat staff. 	responds to health-related inquiries from staff or does not respond in a timely fashion. The school nurse fails to consistently maintain or update materials with accurate information.	 The school nurse actively participates in staff meetings. The school nurse encourages and responds to health-related inquiries from staff. The school nurse maintains or updates relevant health related materials with accurate information. 	The school nurse educates the staff and students about the role of the school nurse in order to more effectively communicate nursing decisions.
Possible Examples	 The school nurse answers health-related questions but rarely offers health information. The school nurse provides information to students only in the office but does not provide information to adults. The school nurse refuses to do a lesson on hand washing for a kindergarten class. And others 	 The school nurse responds to a teacher's request about the possible side effects of their student's ADHD medicine but does so 3 weeks after the teacher's inquiry. The school nurse provides health information to the entire staff and parents in a newsletter that is distributed twice a year. The school website contains outdated, incomplete, or inaccurate health-related information. And others 	 The school nurse volunteers to attend health advisory committee meetings for the LEA and present the information at a faculty meeting. The school nurse updates webpage, bulletin boards, etc. seasonally. The school nurse offers to share a PowerPoint presentation with the staff that was distributed at a local meeting on the effects of trauma on learning. And others 	 The school nurse provides a flu shot clinic for families and students. The school nurse organizes a health fair for staff, families and students. The school nurse volunteers to teach a health class on pre-natal care that meets the needs of the school/community. The school nurse maintains a library of health topics available to students and staff and seeks opportunities to discuss content with the students and/or staff one-on-one or with small groups of students. The school nurse co-plans participates, and invites local

		health professionals to participate in the annual school Career Day.
		 The school nurse volunteers to do a presentation on the role and responsibilities of the school nurse for nursing students.
		The school nurse provides Cardiopulmonary resuscitation (CPR)/ automated external defibrillator (AED) training LEA-wide for school staff, students and/or communities.
		And others

3c. Providing Resources and Access

The specialist provides school, district, or external-based resources to appropriate staff, students, or clients and gives information about the effective use of the resources.

- The school nurse shares information about external resources and/or services with colleagues in the school and/or district.
- The school nurse welcomes inquiries about his or her services and available resources.
- The school nurse helps colleagues and students' or clients' access services and/or resources, as appropriate.
- The school nurse welcomes the opportunity to help his or her colleagues.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialist fails to locate and provide the resources to support the needs to the students/ stakeholders or must be directed to do so. The specialist is not accessible to students/ stakeholders.	The specialist locates resources to support the program but they may be limited to only giving them to the student/ stakeholder when requested to do so. The specialist is accessible to the students/ stakeholder upon request.	The specialist locates resources to support the program that supports the needs of the school and clients. The specialist is accessible and shares his/her expertise with the staff to support the accurate use of the resources.	The specialist locates resources to support the program and the needs of the school and clients. The specialist is accessible and shares his/her expertise with the staff to support the accurate use of the resources. The specialist seeks and provides resources beyond the school setting to enhance the program.
Critical Attributes	 The school nurse is unable to locate and provide resources to support the needs of the student/stakeholders without guidance from administrator or others. The school nurse is not accessible to students or stakeholders. The school nurse does not respond to inquiries about services and resources available. The school nurse functions independently and does not seek out colleagues when appropriate. 	 The school nurse has resources but limits use to when requested by student or stakeholder. The school nurse is accessible to students upon request of the student/stakeholder. The school nurse directs students/ colleagues/ stakeholders to available resources only if prompted/ requested. 	 The school nurse provides appropriate health education resources in multiple languages with explanation as needed. The school nurse provides health referrals as needed. The school nurse voluntarily shares information about services and outside resources with students/clients, as appropriate. The school nurse shares resources with colleagues. 	 The school nurse seeks out new partnerships and opportunities when appropriate in order to provide health education resources in multiple languages. The school nurse coordinates with outside agencies regarding health referrals. The school nurse consistently shares information about services and outside resources.

Possible Examples

- The school nurse's bulletin board is empty or contains non-health related information.
- The school nurse does not provide any health-related information or updates in the school newsletter or website unless directed by school administration.
- The school nurse does not engage with colleagues in seeking or sharing community services/resources on childhood obesity, or wellness.
- And others...

- The school nurse offers resources on asthma, but does not offer any explanation or provides limited explanation as to the content.
- The school nurse provides health related information to the student/stakeholder upon request at time of visit.
- The school nurse is aware of resources on local mental health services but does not freely share knowledge with others.
- And others...

- In schools with multi-lingual populations, communications to parents are provided in the appropriative language.
- The school nurse sends referrals home following health screenings.
- The school nurse shares resources such as dental, vision, mental health, food bank, and others.
- The school nurse presents knowledge with colleagues at LEA nurse meetings/ staff meetings/PTO/ board meetings/ student teams, etc.
- And others...

- The school nurse collaborates and invites multi-cultural community center representatives to serve as resources to the school community.
- The school nurse collaborates with outside agencies such as Nemours, Lion's Club, and Vision to Learn, Public Health Dental Programs, and others.
- The school nurse consistently shares information at faculty meetings, PTO/PTA meetings, monthly newsletters, and/or maintains current and updated web page.
- The school nurse provides contact information of resources and services to others outside the school nurse's assigned building(s).
- And others...

3d. Maintaining Professional Standards

The specialist adheres to his or her professional standards of practice, including issues surrounding confidentiality.

- The school nurse carries out student or client services according to state/national standards of practice.
- The school nurse follows professional standards/protocols for student or client confidentiality.
- The school nurse follows professional standards/protocols for recording and sharing of data.
- The school nurse studies current trends in his or her professional practice.
- The school nurse maintains current and valid credentials, as appropriate.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialist resists application of adopted professional standards and may select inappropriate means of delivering the program and/or does not follow established procedures and guidelines.	The specialist attempts to apply the adopted standards but may do so inconsistently. The specialist does follow the established procedures and guidelines.	The specialist applies the adopted standards consistently in the school setting. The specialist follows all established procedures and guidelines. The specialist shares findings, as appropriate.	The specialist applies the adopted standards consistently in the school setting. The specialist follows all established procedures and guidelines. The specialist draws from a broad repertoire of strategies and shares expertise and findings with others, as appropriate.
Critical Attributes	 The school nurse is not aware of scholarly publications related to school nursing and health care. The school nurse rarely performs student/client services in accordance with LEA/state/national standards of practice. The school nurse does not record data using the required electronic medical records systems. 	 The school nurse is aware of scholarly publications related to school nursing and health care. The school nurse performs student client services according to LEA/ state/national standards of practice most of the time. The school nurse's paper records and electronic health records are incomplete. The school nurse shares data without regard to 	 The school nurse studies current trends in their professional practice. The school nurse consistently performs student/client services according to LEA/state/national standards of practice. The school nurse records and maintains electronic health records and shares data according to federal guidelines. The school nurse maintains 	 The school nurse uses current evidence-based practice utilizing available scholarly literature. The school nurse performs student/client services according to LEA/state/national standards of practice while aligning it with the current Scope and Standards of Practice of school nursing. The school nurse expands expertise above required

		 The school nurse does not maintain current and valid credentials. 	 federal guidelines. The school nurse meets minimum requirements for maintaining current and valid credentials. 	current and valid credentials.	credentials.
available in the school nurse's office. The school nurse has limited knowledge of credible health related information sites. The school nurse does not use an electronic data collection system to support efficient record keeping. The school nurse's CPR certification has lapsed, and/or the school nurse has not completed the minimum required contact hours. And others appropriate. When reviewing health data for students, critical data is missing. Examples include, but are not limited to, missing exit times; medications are not charted, vague assessments with no follow-up or parent communication. The school nurse's CPR certification has lapsed, and/or the school nurse has not completed the minimum required contact hours. And others The school nurse has not completed the minimum required contact hours. And others The school nurse has not completed the minimum required contact hours. And others The school nurse has not completed the minimum required contact hours. And others The school nurse has not completed the minimum required contact hours. The school nurse has not completed the minimum required contact hours. The school nurse has not completed the minimum required contact hours. The school nurse has not completed the minimum required contact hours. The school nurse has not completed the minimum required contact hours. The school nurse has not completed the minimum required contact hours. The school nurse has not completed the minimum required contact hours. The school nurse has not completed the minimum required contact hours to keep school nurse has not completed the minimum required contact hours to have a school nurse has not completed the minimum required contact hours to have a school nurse exceeds the minimum contact hours to maintain school nurse exceeds the minimum contact hours to maintain school nurse exceeds the minimum contact hours to maintain school nurse exceeds the minimum contact hours to maintain school nurse exceeds the minimum contact hours to maintain scho	Possible Examples	 nurse's office. The school nurse has limited knowledge of credible health related information sites. The school nurse does not use an electronic data collection system to support efficient record keeping. The school nurse's CPR certification has lapsed, and/or the school nurse has not completed the state's school nurse's certification program. The school nurse has not completed the minimum required contact hours. 	 When reviewing health data for students, critical data is missing. Examples include, but are not limited to, missing exit times; medications are not charted, vague assessments with no follow-up or parent communication. The school nurse has only minimum contact hours to keep school nurse certification current. 	 The school nurse exceeds the minimum contact hours to maintain school nurse certification. The school nurse completes all data entry and screenings are performed and charted in a timely fashion. 	fashion following national Standards of School Nursing Practice. This includes the completion of required screenings. The school nurse utilizes evidence-based practices published in scholarly publications such as The Journal of School Nursing, NASN School Nurse or School Nursing: A Comprehensive Text. The school nurse networks with school nurses, e.g., LEA/state nurses or on websites such as schoolnurse.net or t's NASN website. The school nurse writes articles for professional

		maintains national certification.
		And others

3e. Using Assessment Data in Planning and Delivery of Services

The specialist uses data to inform planning and delivery of services and shares data with others, as appropriate, to enhance overall services for the student or client.

- Students or clients find specialist feedback valuable.
- The school nurse shares data with colleagues, if permitted/appropriate.
- The school nurse provides accurate, constructive, substantive, specific, and timely feedback to students or clients.
- The school nurse analyzes assessment responses and student or client behaviors to assess progress.
- The school nurse uses assessment data to inform plans and service delivery.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialist fails to seek and use data to inform the planning and delivery of services to the school and/or the data is in disarray.	The specialist seeks and uses data to inform some aspects of planning and delivery of services but implementation is inconsistent.	The specialist seeks and uses data to inform planning and delivery of services. The specialist shares the data with others as appropriate to enhance the services provided to students and stakeholders.	The specialist seeks and uses data to inform planning and delivery of services. The specialist shares the data with others as appropriate to enhance the services provided to students and stakeholders. The specialist uses the data to inform those at the LEA level of progress.
Critical Attributes	 The school nurse rarely uses data for planning or delivery of services. Decisions made by the school nurse are made 	 The school nurse collects minimal student data or utilizes student data that is partially completed. The school nurse's data 	 The school nurse utilizes the nursing process to guide data collection and to determine progress. The school nurse collects 	 The school nurse collects pertinent data including, but not limited to, demographics, social determinants of health

	without consulting and including data. The school nurse cannot provide a rationale for nursing interventions.	collection methods are unclear. The school nurse's decisions and plans related to health care are sometimes based on data collection.	clear, complete and accurate data. The school nurse shares data appropriately with multidisciplinary teams. The school nurse uses health data to develop IHP (Individualized Healthcare Plans.) The school nurse uses health data to suggest classroom interventions for the student.	 (SDOH), physical, psychosocial and, emotional data in a systematic, ongoing process. The school nurse prioritizes data collection based on the student's immediate condition or student's long-term needs. The school nurse engages the student and/or multidisciplinary team members in data collection.
Possible Examples	 When a student returns to school with a concussion, the school nurse makes little or no assessment to help the student navigate the return to school and learning. The school nurse gives Tylenol to a student without a nursing assessment. A student returns to school on crutches. The school nurse collects no history or data in order to determine the needs of the student while she is in school. And others 	 The school nurse rarely looks at attendance data for students with chronic conditions. The school nurse is aware that several students are out with the flu but rarely uses data to review trends in the community. The school nurse talks to student who returns to school on crutches with a broken foot but does not communicate needs to PE teacher or other staff in order to accommodate the needs of the student. 	 The school nurse analyzes attendance data in order to identify students with asthma who have missed multiple days secondary to their diagnosis. Health alert lists are divided by grade, sex, age, specific health issue (e.g., asthma, peanut allergy), and are frequently reviewed by the school nurse when assessing a student. IHPs are developed as needed to manage chronic health conditions. A student has a concussion 	 The nurse reviews attendance data of individual students for trends related to chronic health conditions and links to academics. The school nurse analyzes data collected including social determinants of health (SDOH) to determine additional needs of the student, e.g., transportation needs, access to care, health beliefs. During flu season, the school nurse gathers numbers of students with the flu. The school nurse provides education on the flu to the

	• And others	and needs adjustments in the classroom based on symptoms. Based on the nursing assessment and student symptoms, the school nurse works with the classroom teacher to minimize symptoms during the school day. And others	school community based on data and provides prevention strategies. The school nurse develops IHPs for students with chronic conditions and uses them as a tool to guide practice and improve outcomes. And others
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Component Four: Professional Responsibilities

Not everything that specialists do can be captured through viewing their practice. They engage in many activities that lie outside of their offices, as they improve services and build an understanding of their program. Component Four addresses such activities but is not expected to be an inclusive document of all professional growth activities. It is intended to focus on professional growth activities within the context of school, district, and student. For Component Four, specialists and administrators gather artifacts of evidence for each of the criteria to be presented during any conference during the school year. Administrators review the evidence presented and make recommendations and/or request additional evidence.

4a. Communicating with Families and Clients

The specialist communicates with families about the progress of the student or client. Such communication is two-way, ongoing, and interactive. When possible, the specialist involves the students in the conversations. They inform their administrators of the communications when appropriate.

- The school nurse provides information in formats accessible to parents.
- The school nurse provides information using understandable language and terms.
- Communication between the school nurse and families on providing resources and information is two-way and ongoing.
- When appropriate, the school nurse involves the student in the conversations.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialist provides little or no information about the program to families or clients. The communication with others may be inappropriate and insensitive. The communication is not provided in a timely manner.	The specialist participates in required activities related to communication but offers little additional information. Responses to families/clients are minimal. The specialist makes modest and partially successful attempts to engage families and others in the program.	The specialist provides frequent information to families and clients about the program. Communication about progress and other related information is on a regular basis and addresses the concerns of the families/clients. The specialist is successful in engaging others within the school in the program.	The specialist provides frequent information about the program and seeks additional input on how to improve the program. Communication about progress and other related information is frequent and addresses the concerns of the families/clients. The specialist is successful in engaging the program both inside

	Information is provided in a timely manner.	Information is provided in a timely manner.	the school setting and beyond. Information is provided in a timely manner and is thorough.
Critical Attributes The school nurse rarely demonstrates cultural empathy and sensitivity where communicating with families and/or attempting to obtain parent input for program improvement. The school nurse does not assess communication need health literacy, resources, and preferences of students and families. The school nurse does not attempt to incorporate appropriate alternative strategies to communicate effectively with students and families who have visual, speech, language, or communication difficulties. The school nurse does not apply regulations pertaining to privacy and confidentialit in order to maintain the rights of individual students and families in all communications.	sensitivity when communicating with families and/or attempting to obtain parent input for program improvement. The school nurse is inconsistent in assessing communication needs, health literacy, resources, and preferences of students and families. The school nurse is inconsistent in incorporating appropriate alternative strategies to communicate effectively with students and families who have visual, speech, language, or communication difficulties.	 The school nurse demonstrates cultural empathy and sensitivity when communicating with parents and attempting to obtain parent input for program improvement. The school nurse assesses communication needs, health literacy, resources, and preferences of students and families. The school nurse incorporates appropriate alternative strategies to communicate effectively with students and families who have visual, speech, language or communication difficulties The school nurse applies regulations pertaining to privacy and confidentiality to maintain the rights of individual students and families in all communications. 	 The school nurse consistently demonstrates cultural empathy and sensitivity when communicating with parents and is successful in obtaining parent input for program improvement. The school nurse consistently assesses communication needs, health literacy, resources, and preferences of students and families. The school nurse consistently incorporates appropriate alternative strategies to communicate effectively with students and families who have visual, speech, language or communication difficulties. The school nurse consistently applies regulations pertaining to privacy and confidentiality to maintain the rights of individual students and families in all communications.

Possible	The school nurse does not	families in all communications. The school nurse occasionally	The school nurse recognizes	When developing letters, informational hands are a second as a second are a s
Examples	consider literacy needs, language preferences when communicating, or sharing information with families about their child's health needs. The school nurse is not aware of language resources available for families. The school nurse is not aware of local health resources available or may share inaccurate information with families. Grammatical and spelling errors are common in communications from the school nurse. The school nurse is not aware or does not understand regulations pertaining to privacy and shares medical information with staff inappropriately. And others	considers literacy needs or language preferences when sharing information or communicating with families about their child's health needs and/or demonstrates limited knowledge of language resources for families. For example, letters regarding immunization requirements are available in multiple languages, but other communications are primarily in English. The school nurse uses translation services in some, but not all communications with families. The school nurse does not use accurate, up-to-date health resources for information shared with families. The nurse shares that a student has ADHD with a teacher that does not have the student in their	literacy needs and language preferences when communicating with families about their child's health needs and is aware of language resources available for families. For example, the school nurse has brochures about chronic illnesses available in multiple languages and uses translation services when sending letters home about individual student referrals. The school nurse recognizes the need to share information on a need-to-know basis. For example, the nurse communicates to a teacher that a particular student in their class has a food allergy. The school nurse can access the rules for FERPA, when necessary. And others	 informational handouts, and/or surveys for parents and families, the school nurse considers the literacy needs of families and develops documents in multiple languages. The school nurse seeks input for accuracy in content, grammar and language for health documents. When a school nurse calls a parent who speaks Spanish only, he accesses the translation line prior to communicating with the family/parent. The nurse consistently maintains privacy for the student and family, and ensures that the environment supports privacy. The school nurse articulates and/or demonstrates how FERPA is applied in the school setting.

classroom in the current school year.	And others
 The nurse has limited knowledge of the Family Educational Rights and Privacy Act (FERPA) as it applies in the school setting. 	
And others	

4b. Recording Data in a Student Record System

The specialist collects and reports accurate information about their clients and maintains confidentiality when appropriate.

- Records are organized, accurate, and timely.
- The school nurse records and maintains student or client data in appropriate data systems.
- The school nurse shares data appropriately with his or her colleagues.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The record keeping system is limited to entries of completion only and in disarray. There is no apparent system for maintaining information related to students/stakeholders/program or it is in disarray. The specialist's records are in such disarray that it results in error and/or confusion.	The record keeping system is rudimentary and only partially effective. The information related to students/stakeholders/program is partially present. The records are accurate but require frequent monitoring by the specialist to avoid errors or confusion.	The record keeping system is complete and effective. The information on progress of students/stakeholders/ program is complete and used to effectively report progress. The information is effectively used to improve the program or services.	The record keeping system is complete and effective, and the specialist seeks input from others. The information is complete and effectively used to report progress. The input from others is used to improve services.

Critical Attributes

- The school nurse is unaware of regulations and has limited ability to electronically record the student's health data.
- The school nurse fails to accurately enter information into the Electronic Health Record (EHR).
- The school nurse fails to file appropriate hard copy records in individual student files.
- The school nurse is unable to share data, as appropriate, with colleagues.
- The school nurse has no system for secure recordkeeping.
- The school nurse maintains individual student health room visit/office visit log/medication log only in hard copy, not in EHR.
- The school nurse does not have a parent/guardian permission to administer medications or treatments available and/or the permission is not maintained in a secure manner.

- The school nurse is inconsistent in using the EHR per regulation.
- The school nurse enters limited information or incomplete information in FHR.
- The school nurse has a hard copy student health file for some, but not all, students in the building.
- The school nurse has piles of forms to be filed in individual student health files and/or has visible files dating back greater than present school year.
- The school nurse is able to retrieve some data when asked, but not always in a timely manner.
- Unauthorized individuals have easy access to EHR and hard copy files, but files are maintained in a lockable filing cabinet
- The EHR screen is occasionally visible to unauthorized individuals.
- The school nurse uses EHR sometimes, but not 100% of

- The school nurse uses the EHR effectively and consistently.
- All information is complete in the EHR.
- All students have a hard copy health file in the nurse's office or the school nurse is in the process of obtaining them from the transferring school.
- The school nurse has a limited number of loose forms needing to be filed in student health file or is using a system for current year forms that is organized.
- Student data is easily retrieved in a timely manner when requested.
- EHR and hard copy files are not accessible by unauthorized individuals.
- The EHR screen is not visible by unauthorized individuals.
- EHR is used 100% of the time (unless server is unavailable).
- All students who receive medication or treatments from the school nurse have

- The school nurse is able to retrieve data and reports to identify student needs or health trends.
- The school nurse maintains health records/reports/plans and shares this data with administration as needed.
- The school nurse seeks and collaborates with LEA/state IT or software company to improve and enhance services and reporting of data.
- The school nurse collaborates with stakeholders (administrators/board/ parents, etc.) using data to promote improved student outcomes.

		the time. The school nurse has a parent/guardian permission to administer medications or treatments available for some, but not all, students.	parent/ guardian permission on file.
Possible Examples	 EHR nurses notes do not show in/out times, no disposition entered; reason for visit, intervention and or outcome(s) left blank. The school nurse does not enter screening data as evidenced by specific student or school wide generated reports, when requested. The school nurse has not documented follow-up on screening or medical referrals. There is no, or limited, immunization data in EHR and/or hard copy student health files. The school nurse is unable to locate and produce evidence of current Delaware emergency treatment cards. The school nurse does not 	 EHR has some areas completed, but not all. For example, there may be an "in" time and student name, but no "out" time or there may be a reason for the student visit, but no other information. Occasionally, the school nurse has written a note in the comment section to further explain the reason for the student's visit to the nurse's office. The school nurse has entered some screenings into the student EHR either individually or mass loaded. (Student's individual EHR should have results of Vision /Hearing screening completed upon entry into Delaware public school, K, 2, 4, 7 and 9 or 10. Orthopedic 	 The school nurse enters all fields in the EHR for each student visit in real time or uses the late entry documentation procedure. The school nurse enters notes in the comment field to indicate a narrative of the student's visit to the nurse's office. The school nurse enters all screening into the EHR per regulation date. (Orthopedic screening completed by December 15th and Vision / Hearing completed by January 15th as per regulation). The school nurse has some, but not all, referrals completed but can articulate why incomplete referrals are not done. The school nurse identifies inability of data fields to link and produce a report. The school nurse then works with IT and software team to write code for needed information exchange. The school nurse uses data when presenting to LEA/ state or national teams (nurses, administration, board) The school nurse provides trainings/ education for nursing colleagues to improve documentation. The school nurse uses data to enhance services to students based on data trends. For example, an increase in use of Vision to Learn/ Lions Club/ public health/private providers to bring vision

- maintain student health files in secure filing cabinets.
- The EHR screen is visible to others and is left unattended.
- EHR passwords are shared or easily located.
- And others...

- screening should be completed in grades 5-9 on every student as per regulation.)
- The school nurse attempts to document follow-up on screening or medical referrals.
- The school nurse has entered immunizations into EHR for some students with supporting hard copy in personal student file.
- The school nurse has Delaware emergency cards for some, but not all, students. There is no proof of attempts to follow up on missing cards. Cards may be present, but not in an organized manner or not easily accessible in emergencies.
- Student health files are in a filing cabinet, however, they are not organized, difficult for the nurse to locate a file or the files are unsecured.
- The school nurse fails to lock or minimize the EHR screen when away from the

- Students have immunizations entered into EHR with supporting hard copy in personal student file.
- The school nurse has
 Delaware emergency cards
 for most students. There is
 evidence of attempts to
 follow up on missing cards.
 Cards are organized and
 accessible during an
 emergency.
- The school nurse documents follow-up on screenings.
- Student health files are organized in a secured filing cabinet.
- The school nurse locks or minimizes the EHR screen when away from the computer.

services into LEA/school.

- The school nurse seeks to locate mental health services/resources based on data trends.
- And others...

computer allowing for ease of access to EHR.	
 The school nurse shares EHR passwords with substitutes or others on a limited basis, but the passwords are not easily accessible by others. And others 	

4c. Growing and Developing Professionally

The specialist grows as a professional throughout their career. They understand that their practices are constantly evolving so there is a need to stay current in the field. Their professional growth may include topics related to new practices and/or strategies.

- The school nurse seeks and participates in opportunities to enhance knowledge and/or skill in order to remain current in the field
- The school nurse's professional goals relate directly to state/national standards, and support the school's efforts for improvement.
- The school nurse seeks opportunities to promote professional growth for herself/himself and colleagues.
- The school nurse engages in school, LEA, and/or state or national committees, as appropriate.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialist does not demonstrate how he/she takes part in professional development and uses the knowledge to improve practice. The specialist does not take an active part in the professional learning community both within the school setting and beyond.	The specialist demonstrates how he/she has taken part in professional development that is required and makes some connections to how the knowledge was used to improve practice. The specialist takes part in the professional learning	The specialist demonstrates how he/she has actively sought professional development related to the program and used it to improve practice. The specialist takes an active role in the professional learning community within the school setting.	The specialist demonstrates how he/she takes an active part in professional development through a leadership role and how he/she helps others to use the knowledge to better practice. The specialist leads the professional learning community within the school setting and

		community only to the extent to which it is required		contributes to the professional learning community at the local and state level.
Critical Attributes	 The school nurse does not attend any school or LEA professional development. The school nurse has limited 	 The school nurse attends only required professional development. The school nurse attends the 	 The school nurse articulates how he will incorporate new knowledge into daily practice. The school nurse offers to 	 The school nurse plans and delivers professional development to colleagues. The school nurse develops
	knowledge of the Scope and Standards of Practice for school nurses.	minimum required professional development to keep license current.	present knowledge gained through professional development to school staff.	policies based on knowledge acquired through professional development
	 The school nurse is not a member of any school/state/LEA committee. 	 The school nurse is able to identify relevant topics to their practice. 	 The school nurse is able to prioritize professional development needs as 	 The school nurse has a leadership role in a school/LEA/state community.
		 The school nurse is aware of the Scope and Standards of Practice for school nurses but does not apply them to their practice. 	related to the Scope and Standards of Practice.	
Possible Examples	 The school nurse does not attend mandatory professional development. 	 The school nurse obtains CPR certification through LEA- sponsored classes. 	The school nurse attends state organization school nurse professional	 The school nurse presents at state and national conferences.
	 The school nurse does not attend LEA sponsored professional development for school nurses. The school nurse consistently selects professional development offerings that are not related to school 	 The school nurse attends a LEA sponsored professional learning community. The school nurse is not a member of a school nurse professional organization. The school nurse has 	 development. The school nurse shares the knowledge gained at a conference at staff meeting. The school nurse shares gained knowledge with other school nurses. 	 The school nurse plans agendas for professional learning community. The school nurse collaborates with school and LEA staff to develop policy changes based on acquired knowledge.
		 The school nurse has submitted some professional 	The school nurse has	And others

nursing. The school nurse has not submitted any professional development into the Delaware Educator Data System (DEEDS).	development into the Delaware Educator Data System (DEEDS). And others	submitted all professional development into the Delaware Educator Data System (DEEDS). • And others	
And others			

4d. Reflecting on Professional Practice

The specialist is part of the learning community of their school(s) or district. They take an active role in their school(s) and participate in activities that will enhance their professional practice and improve student learning. They reflect on their practice and consider how to improve their skills, knowledge, and/or instruction. They assess their performance against standards, set goals to improve their practice, and document their progress.

- The school nurse accurately assesses his or her effectiveness and personal performance using state/national standards and components of the School Nurse Framework.
- The school nurse accurately attributes performance to various inputs and/or conditions (student, teacher, environment, social determinants, etc.)
- The school nurse accurately assesses and articulates his or her ability to add value and asks for assistance to improve future services when appropriate.
- The school nurse reassesses and realigns goals to improve his or her personal practice and documents his or her progress toward goals as appropriate.

	Ineffective	Needs Improvement	Effective	Highly Effective
Rubric	The specialist does not know	The specialist has a generally	The specialist makes an accurate	The specialist makes a thorough
	whether the program was	accurate impression of the	assessment of the effectiveness of	and accurate assessment of the
	effective, or the goals were	program's effectiveness and the	the program and the extent to	effectiveness of the program and
	achieved using data. The	extent to which goals were met	which goals were met using data.	the extent to which they met goals
	specialist has no suggestions	using data. He/she can make	He/she can make a few specific	with data. He/she draws upon an
	for how the program could be	general suggestions about how to	suggestions of what could be tried	extensive repertoire of skills and

	improved or how the goals could have been met.	improve the program or to meet goals for the next cycle.	to improve the program and meet the goals for the next cycle.	offers specific alternate actions on how to improve the program and meet the goals.
Critical Attributes	 The school nurse does not assess their effectiveness and performance against state and national standards. The school nurse makes no suggestions for professional improvement. The school nurse is not aware of the Scope and Standards of Practice. 	 The school nurse occasionally assesses their effectiveness and performance against state and national standards. The school nurse suggests general modifications for professional improvement. The school nurse is aware of the Scope and Standards of Practice but does not use this as a guide for their practice. 	 The school nurse often assesses their effectiveness and performance against state and national standards. The school nurse uses appropriate resources to recommend alternative strategies to refine professional performance. The school nurse is aware and implements the Scope and Standards of Practice in their practice of school nursing. 	 The school nurse always assesses their effectiveness and performance against state and national standards. The school nurse uses extensive resources to identify areas for improvement and professional growth opportunities. The school nurse is aware of the Scope and Standards of Practice and is actively involved in professional committees and organizations that support the profession.
Possible Examples	 A student with asthma says to the school nurse, "I need my inhaler." The school nurse does no assessment, tells student to get his inhaler from the cabinet with no evidence of documentation or notification. The school nurse makes no suggestions and has no input during school 	 A student with asthma says to the school nurse, "I need my inhaler." The school nurse completes a limited respiratory assessment, and then provides the student with his inhaler. The school nurse documents the visit in EHR. The school nurse makes an occasional suggestion or recommendation for professional improvement. 	 A student with asthma says to the school nurse, "I need my inhaler." The school nurse completes a basic respiratory assessment, gives the student his inhaler to use. The school nurse documents the visit in EHR and notifies the parent of the office visit. The school nurse often makes suggestions and recommendations for 	A student with asthma says to the school nurse, "I need my inhaler." The school nurse completes full respiratory assessment with pulse oximetry, auscultation, and history. The school nurse provides student medication with observation for accuracy of delivery, reassesses student, documents student visit in EHR, and notifies parent and teacher.

- nurse meetings.
- The school nurse shows limited knowledge and skills while taking care of a student with diabetes Type 1. The school nurse provides no information or training to staff and cannot articulate the signs/symptoms of hypo/hyperglycemia. The school nurse has no IHP or emergency plan on file for the student. The school nurse has no daily record in the EHR of blood sugars or treatment.
- The school nurse is not aware of the 504 process.
- And others...

- The school nurse has knowledge of diabetes and has an IHP on the student that was not reviewed by the school nurse. The teacher is aware of student with diabetes, but no staff training has been done. The school nurse does not attend the 504 meeting. Charting for the student is incomplete in EHR. There is little or no communication with the parent regarding the student's condition.
- And others...

- professional improvement.
- The school nurse has knowledge of diabetes and utilizes the IHP in the care of the student. The nurse makes staff aware of signs and symptoms of hypo/hyperglycemia. The nurse attends the 504 meeting. Adequate charting for the student is evident in EHR. Consistent contact is maintained with the parent, as needed.
- And others...

- The school nurse makes suggestions and recommendations and takes the lead for planning and implementation for professional improvement.
- The school nurse has extensive. knowledge of diabetes. The nurse educates staff and students on diabetes. The school nurse takes advantage of further professional education on the topic, has an IHP and emergency care plan in place with emergency medications available. The school nurse attends and takes a leadership role in the 504 meeting. The school nurse has implemented the "I'm Ready" program to ensure safety. The EHR is up-to-date and accurate.
- And others...