

Jordan School District Registered Nurse Performance Appraisal System

Supervisor Form

Registered Nurse Name:	Soc. Sec. #	Dept/School:
Immediate Supervisor:		Evaluation Date:

General Performance Areas <i>*A Fair/Below Standard or Unacceptable rating must be accompanied by written documentation.</i>	Performance Level					Specific Performance Objectives (optional)	Performance Level				
	Unacceptable	Fair/Below Standard	Satisfactory/Standard	Very Good/Above Standard	Outstanding		Unacceptable	Fair/Below Standard	Satisfactory/Standard	Very Good/Above Standard	Outstanding
A. Leadership Overall performance in structuring work and collaborating with others in order to accomplish program and district goals and objectives.						These objectives should be taken from each employee's annual work plan					
B. Judgement and Confidentiality Ability to recognize problem situations, use appropriate information and make decisions in a timely fashion.						Objective #1 From annual work plan*					
C. Interpersonal Skills Ability to work effectively with all stakeholders, respond positively to requests and suggestions, and promote a positive climate.						Objective #2 From annual work plan*					
D. Communication Skills Communicates effectively with all stakeholders, both verbally and in writing, in a timely manner.						Objective #3 From annual work plan*					
E. Development, Training and Management Skills Ability to deliver effective training based on individual student/school needs. Manage all aspects of required screenings.						Objective #4 From annual work plan*					
F. Professional Standards and Compliance Knowledge and compliance to relevant standards, reporting expectations, and high quality work.						Objective #5 From annual work plan*					
G. Planning and Organization Demonstrates organizational competence and maintains appropriate records.						Objective #6 From annual work plan*					
H. Professional Growth and Responsibilities <i>*Indicators 37 - 45 completed by the immediate supervisor.</i>											

*Provide a short description of item

Use space below for comments. Use additional sheets if necessary.

Examples of work well done. (Products and/or Activities)

Goals for performance improvement:

Overall Evaluation:

- Outstanding
- Very Good/Above Standard
- Satisfactory/Standard

*Five or more of the eight domains must have a rating of Fair/Below or Unacceptable when marking the following as an overall rating.

- Fair/Below Standard
- Unacceptable

Employee's Comments: (optional)

Signature of Immediate Supervisor:

Date:

Signature of Registered Nurse:

Date:

I understand that I may make a written response to all or any part of this evaluation, and that the response will be attached to this form. If I am not satisfied with the evaluation, I have thirty days to request a review. My signature does not necessarily indicate that I agree with this evaluation, but that I have read the above information and have received a copy of this form.