**INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT 204**

**JOB DESCRIPTION**

**TITLE:** MEDICAL-EDUCATIONAL NURSE (ONE ON ONE)

**SUMMARY:**  To provide a safe and healthful environment for all students and school personnel. Communicate with students, parents, staff, and outside agencies concerning student health issues. Have knowledge of the district policies relative to student health and student records.

**ESSENTIAL JOB FUNCTIONS:**

1. Provide nursing assessment and intervention.
2. Follow-up of noted problems or situations.
3. Administer medication and provide instruction as needed.
4. Provide nursing support and communications for total well being of the student.
5. Accompany child on bus when appropriate.
6. Complete Accident Report when appropriate.
7. Be aware of and be able to carry out emergency health care plans.
8. Maintain a log of nursing procedures performed at school.
9. Communicate student’s daily health and educational experiences to the parents as appropriate.
10. Assist in setting up classroom for each student’s needs with direction from teacher/support facilitator.
11. Provide meaningful input into development of goals.
12. Assist with implementation of educational goals for assigned students.
13. Support other students in classroom when requested.
14. Interact with community for welfare of students.
15. Communicate with physician and agencies when necessary.
16. Attend staffings when appropriate.
17. Attend team meetings when appropriate.
18. Perform other related tasks as assigned.

Revised January, 2019

Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IPCA and Non-Bargaining Unit Goal Setting Document**

**Goal Setting:**

My professional goal(s) for the school year is/are in reference to number(s) \_\_\_\_\_on the evaluation instrument for my job classification. Growth in this/these area(s) will be evidenced by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further definition of goal area(s):**

**(To be completed by the supervisor/administrator as needed)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Bargaining Employee Evaluation and Goal Employee’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review Form Employee’s ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indian Prairie School District #204 Conference Date:­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: MEDICAL-EDUCATIONAL NURSE (ONE ON ONE)

This form is used by supervisors of non-bargaining staff members who are working in part-time or full-time positions with the Indian Prairie School District #204. The non-bargaining employee’s immediate supervisor may complete the form. If the employee’s immediate supervisor is not a District administrator, the administrator who supervises the program or areas in which the classified employee works must sign the form. The employee must be provided with a copy of the signed and completed evaluation.

**Key:**

(P) Proficient—indicates that the numbered statement is true

(E) Emerging—points to growth needed in the area; the rating includes a comment

(U) Unsatisfactory—requires a comment which defines the area of concern and expectations for improvement

(NA) Not Applicable

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| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 1. Provide nursing assessment and intervention. |  |  |  |  |  |
| 2. Follow-up of noted problems or situations. |  |  |  |  |  |
| 3. Administer medication and provide instruction as needed. |  |  |  |  |  |
| 4. Provide nursing support and communications for total well-being of the student. |  |  |  |  |  |
| 5. Accompany child on bus when appropriate. |  |  |  |  |  |
| 6. Complete Accident Report when appropriate. |  |  |  |  |  |
| 7. Be aware of and be able to carry out emergency health care plans. |  |  |  |  |  |
| 8. Maintain a log of nursing procedures performed at school. |  |  |  |  |  |
| 9. Communicate student’s daily health and educational experiences to the parents as appropriate. |  |  |  |  |  |
| 10. Assist in setting up classroom for each student’s needs with direction from teacher/support facilitator. |  |  |  |  |  |
| 11. Provide meaningful input into development of goals. |  |  |  |  |  |
| 12. Assist with implementation of educational goals for assigned students. |  |  |  |  |  |
| 13. Support other students in classroom when requested. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 14. Interact with community for welfare of students. |  |  |  |  |  |
| 15. Communicate with physician and agencies when necessary. |  |  |  |  |  |
| 16. Attend staffings when appropriate. |  |  |  |  |  |
| 17. Attend team meetings when appropriate. |  |  |  |  |  |
| 18. Handles special requests with competence and grace. |  |  |  |  |  |
| 19. Maintains a professional demeanor, appearance, and work ethic. |  |  |  |  |  |
| 20. Maintains confidentiality regarding student, staff, and parent information. |  |  |  |  |  |
| 21. Works well with students, teachers, colleagues, staff, administration and parents/community members |  |  |  |  |  |
| 22. Uses technology effectively to perform job-related tasks. |  |  |  |  |  |
| 23. Is on site and ready for work at the appropriate time each day. Honors lunch and break rules as well as rules relating to length of the work day. |  |  |  |  |  |
| 24. Performs other related tasks as assigned. |  |  |  |  |  |

**Additional comments as needed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The employee’s signature on this form does not necessarily mean that he/she agrees with this evaluation. The employee may submit a written statement about this evaluation to the Assistant Superintendent for Human Resources within ten (10) days of receiving this evaluation.) The written response will be attached to the evaluation form prior to placing it in the employee’s personnel file.