Resource to Support ESE Model System Rubric for Specialized Instructional Support Personnel (SISP)

(Implementation Support for School Nurses)

October 2012

Use of this Resource Document for School Nurses

This resource document has been developed by the School Nurse Evaluation Task Force which included members from the Massachusetts School Nurse Organization, Northeastern University School Health Institute, and the Massachusetts Department of Public Health School Health Unit. <mark>The Department of Elementary and Secondary Education (ESE) has reviewed its contents for consistency with the Specialized Instructional Support Personnel (SISP) Model Rubric. This resource is intended to support the understanding and use of the SISP rubric as it applies to school nurses.</mark>

School Nursing Services are an integral part of the educational system and for many students these services are necessary for them to reach their full academic potential. It is for this reason the School Nurse Evaluation Task Force felt it was important to utilize the Massachusetts Department of Elementary and Secondary Education (ESE) rubric to demonstrate the role the school nurse plays in the educational system. This resource provides a sampling of the school nurse practices that support a safe, healthy school environment, contribute to the health, wellness and achievement of students and defines opportunities for educators in different roles to develop common, shared understanding of effective practices.

Rubrics – defined in the Massachusetts regulations as "scoring tool[s] that describe characteristics of practice or artifacts at different levels of performance" (603 CMR 35.02) – are a critical component of the Massachusetts educator evaluation framework and are required for every educator. Rubrics are designed to help educators and evaluators (1) develop a consistent, shared understanding of what proficient performance looks like in practice, (2) develop a common terminology and structure to organize evidence, and (3) make informed professional judgments about formative and summative performance ratings on each Standard and overall.

Structure of the Specialized Instructional Support Personnel (SISP) Rubric

- **Standards:** Standards are the broad categories of knowledge, skills, and performance of effective practice detailed in the regulations. There are four Standards for teachers: *Curriculum, Planning, and Assessment; Teaching All Students; Family and Community Engagement;* and *Professional Culture.*

- **Indicators:** Indicators, also detailed in the regulations, describe specific knowledge, skills, and performance for each Standard. For example, there are three Indicators in Standard I of the SISP rubric: *Curriculum and Planning*; *Assessment*; and *Analysis*.

- **Elements:** The elements are more specific descriptions of actions and behaviors related to each Indicator. The elements further break down the Indicators into more specific aspects of educator practice and provide an opportunity for evaluators to offer detailed feedback that serves as a roadmap for improvement.

Note: At the *Exemplary* level, an educator's level of expertise is such that he or she is able to model this element through training, teaching, coaching, assisting, and/or demonstrating. In this rubric, this level of expertise is denoted by "Is able to model."

- **Descriptors:** Performance descriptors are observable and measurable statements of educator actions and behaviors aligned to each element and serve as the basis for identifying the level of teaching or administrative performance in one of four categories: *Unsatisfactory, Needs Improvement, Proficient,* or *Exemplary*.

Use of the Specialized Instructional Support Personnel (SISP) Rubric

This rubric describes practice that is common across educators in professional support roles such as school counselors, school psychologists, school nurses, and others defined in the recognition clause of the appropriate collective bargaining agreement. It is intended to be used throughout the 5 step evaluation cycle for educators who provide direct services such as education, therapy, counseling, assessment, and diagnosis to a caseload of students, as well as educators who may provide indirect support to students through consultation to and collaboration with teachers, administrators, and other colleagues.

The roles and responsibilities of educators to whom this rubric will be applied will vary. ESE encourages educators and evaluators to use the rubric strategically by discussing and agreeing upon certain Indicators and Elements that should be high priorities according to that educator's role and responsibilities as well as his/her professional practice and student learning needs. There are a variety of ways to emphasize these components throughout the evaluation cycle. For example, high priority Indicators and/or elements can be analyzed in greater depth during self-assessment, targeted during goal setting, a focus for more comprehensive evidence collection, or all of the above. However, the expectation is that by the end of the evaluation cycle, educators and evaluators have gathered and shared a reasonable amount of evidence on every Indicator to support a rating for each Standard.

How to reference parts of the rubric:

    Indicator terminology: under the "Teaching All Students**"** Standard (II), the" Instruction Indicator**"** (A) can be referred to as *Indicator II-A*

    Element terminology: under the Instruction Indicator (A), the Student Engagement Element (2) can be referred to as *Element II-A-2*

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Specialized Instructional Support Personnel (SISP) Rubric At-A-Glance

Standard I: Curriculum, Planning, and Assessment	Standard II: Teaching All Students	Standard III: Family and Community Engagement	Standard IV: Professional Culture
A. Curriculum and Planning Indicator 1. Professional Knowledge 2. Child and Adolescent Development 3. Plan Development 4. Well-Structured Lessons	**A. Instruction Indicator** 1. Quality of Effort and Work 2. Student Engagement 3. Meeting Diverse Needs	**A. Engagement Indicator** 1. Parent/Family Engagement	**A. Reflection Indicator** 1. Reflective Practice 2. Goal Setting
B. Assessment Indicator 1. Variety of Assessment Methods 2. Adjustments to Practice	**B. Learning Environment Indicator** 1. Safe Learning Environment 2. Collaborative Learning Environment 3. Student Motivation	**B. Collaboration Indicator** 1. Learning Expectations 2. Student Support	**B. Professional Growth Indicator** 1. Professional Learning and Growth
C. Analysis Indicator 1. Analysis and Conclusions 2. Sharing Conclusions With Colleagues 3. Sharing Conclusions With Students and Families	**C. Cultural Proficiency Indicator** 1. Respects Differences 2. Maintains Respectful Environment	**C. Communication Indicator** 1. Two-Way Communication 2. Culturally Proficient Communication	**C. Collaboration Indicator** 1. Professional Collaboration 2. Consultation
	D. Expectations Indicator 1. Clear Expectations 2. High Expectations 3. Access to Knowledge		**D. Decision-Making Indicator** 1. Decision-making
			E. Shared Responsibility Indicator 1. Shared Responsibility
			F. Professional Responsibilities Indicator 1. Judgment 2. Reliability and Responsibility

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School Nurses Adaptation

<table>
<tr><td colspan="4">Standard I: Curriculum, Planning, and Assessment
The educator promotes the learning and growth of all students by providing high-quality and coherent instruction, designing and administering authentic and meaningful student assessments, analyzing student performance and growth data, using this data to improve instruction, providing students with constructive feedback on an ongoing basis, and continuously refining learning objectives.</td></tr>
<tr><td colspan="4">Indicator I-A. Curriculum and Planning
Has strong knowledge specific to subject matter and/or professional responsibility, has a good grasp of child development and how students learn, and designs effective and rigorous plans for support consisting of well-structured lessons with measurable outcomes.</td></tr>
<tr>
<th>I-A. Elements</th>
<th>Proficient</th>
<th>Knowledge, Skills, & Responsibilities</th>
<th>How it Might Look
& Potential Sources of Evidence</th>
</tr>
<tr>
<td>I-A-1. Professional Knowledge</td>
<td><i>Demonstrates sound knowledge and understanding of professional content and delivery by consistently engaging students in academic, behavioral, and social/emotional learning experiences through the use of educational and/or clinical practices that enable students to acquire knowledge and skills.</i></td>
<td>
➢ Attends professional development programs including school-based and/or school health related programs for updating clinical practice.
➢ Applies newly acquired knowledge in clinical practice (e.g. new devices, new mandates, and updates on acute and chronic conditions).
➢ Utilizes evidence based practice supported by current research.
➢ Is self-directed in acquiring knowledge and skills for current school nursing practice.
➢ Seeks professional resources when faced with new clinical situations (e.g. new student with diabetes, new genetic disorder).
➢ Follows the Nursing Standards of Conduct, as described by the Massachusetts Board of Registration in Nursing.
</td>
<td>
➢ Shares clinical updates with colleagues; <i>Shares educational findings, experiences and ideas with peers (NASN scope and standards or practice for School Nursing, 2011)</i>
➢ Creates Individual Health Care Plans (IHCP) addressing new health issues and revises IHCP accordingly based on current best practices
➢ Contacts appropriate clinical consultants e.g. MASSTART, primary care provider, medical or mental health specialists, or nurse experts
➢ Data collection reflects new mandates and practices
➢ Maintains a record of professional development attended in an organized format.
➢ Professional development is consistent with the health needs of the population being served and related to school nursing practice.
</td>
</tr>
<tr>
<td>I-A-2. Child and Adolescent Development</td>
<td><i>Demonstrates knowledge of students' developmental levels and the different ways these students learn or behave by providing differentiated learning experiences, support, and/or assistance that enable all students to progress toward meeting intended outcomes.</i></td>
<td>
➢ Consistently demonstrates awareness of developmental norms in working with their student population.
➢ Assists students to achieve optimal levels of wellness through differentiated and appropriately designed and delivered health education and health care practices.
➢ Individualizes care to student and building needs.
</td>
<td>
➢ Office surroundings<i>;</i> environment and educational/resource materials (including parent and student materials) demonstrate awareness of developmental norms
➢ Articulates understanding of developmental norms at student support meetings, staff meetings etc.
➢ When interacting with students speaks at appropriate developmental level
➢ staff resources demonstrate appropriate developmental level
</td>
</tr>
</table>

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I-A-3. Plan Development[1]	*Develops or contributes to the timely development of well-structured plans with measurable outcomes that respond to all relevant individual student needs, and include supports that enable students to meet the goals or objectives of the plan.*	➢ Works to increase time on learning both for individual students as well as the entire student body. ➢ Identifies health (medical/emotional) causes for absenteeism and develops plans to decrease absences. ➢ Creates plans to minimize frequency and/or duration of health office visits. ➢ Develops and periodically reviews appropriate health care plans with measurable outcomes that enable the student to meet the goals of the plan (ex. demonstrates testing blood glucose and calculating carbohydrates to new student with diabetes). ➢ Collaborates /creates re-entry plans with families and students for medical and social-emotional absences.	➢ RN is aware of average return to class rate for his/her health office ➢ RN is able to appropriately triage and prioritize student health encounters and strives to minimize unnecessary waiting time for assessment and treatment. ➢ Work flow is sufficient so student time spent in the health office is minimized. ➢ RN utilizes student attendance tracking systems to identify students with potential health concerns/emotional/behavioral issues and establishes a plan to address these concerns with parents and/or appropriate school staff. ➢ Is aware of and attends(when available) reentry meetings, and offers relevant health information to help formulate a plan) ➢ Works with administration and staff to develop strategies to minimize time out of class for non-urgent health issues. ➢ Provides follow-up with students, plans available
I-A-4. Well-Structured Lessons	*Develops well-structured lessons (which may include individual and group activities or sessions) with challenging, measurable objectives and appropriate student engagement strategies, pacing, sequence, activities, materials, resources, technologies, and grouping.*	➢ Assists students, families, school staff and community to achieve optimum levels of wellness through a systematic method of appropriately designed and delivered presentations/ training of health/wellness issues.	➢ Whole school presentations/training such as concussion regulations, Epi-pen training, social emotional climate, blood borne pathogens, flu clinics, health fair development, nutrition regulations (training handouts/documents, school calendar, staff meeting agendas). ➢ Classroom level presentations/ trainings such as puberty, CPR, nutrition, hygiene, food allergy awareness, oral hygiene, hand washing, sun safety, self-esteem, self advocacy (lesson plans/documents, observations). ➢ Individual level presentations/ trainings such as use of inhaler, use of epi-pen, glucometer, insulin administration, hygiene, and self-advocacy (documents, observation of demonstrations). ➢ Visuals (posters, equipment) in the health office are developmentally appropriate (observation of work environment).

[1] 1 "Plan" is used throughout this document to refer to a variety of plans, including but not limited to: lesson plans, unit plans, Individualized Education Programs (IEPs), Individualized Health Care Plans (IHCPs), Career Plans, and 504 Plans. The type of plan that an educator is responsible for depends on the educator being evaluated; both the educator and evaluator should understand and agree upon the definition relevant to the educator's role.

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Indicator I-B. Assessment
Uses a variety of informal and formal methods of assessments to measure student learning, growth, and understanding to develop differentiated and enhanced learning experiences and improve future instruction.

I-B. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it Might Look & Potential Sources of Evidence
I-B-1. Variety of Assessment Methods	*Designs and administers assessments and/or collects data to measure student learning, growth, and/or development through a variety of methods, including informal and formal assessments and common interim assessments where applicable.*	➢ Collects student/school data and systematically evaluates the quality and effectiveness to promote and improve student learning, growth and development (e.g. physical assessment, health screenings, emotional and behavioral assessment, substance use, home and family, nutritional, environmental, school culture, and safety assessments).	➢ RN utilizes EHR (electronic health record) system appropriately to document individual or group assessments, interventions, outcomes. ➢ EHR are current and complete ➢ RN has undergone training on each mandated screening program ➢ RN follows up on screening referrals in a timely manner and documents completed referrals in student EHR. ➢ Health Screening results are reported according to district and state requirements ➢ Makes appropriate recommendations for 504 or SPED plans based on student health data and needs
I-B-2. Adjustment to Practice	*Organizes and analyzes results from a variety of assessments to determine progress toward intended outcomes and uses these findings to adjust practice and identify and/or implement appropriate differentiated interventions, supports, and programs for students.*	➢ Organizes and reviews student/school assessment data and systematically adjusts nursing practice to promote and improve student learning, growth and development.	➢ Encourages increased physical activity programs after analyzing BMI data ➢ Implements health promotion programs dependent on health needs assessment of the student population, e.g. related to substance abuse, self-harm, nutrition, etc ➢ Increase referral returns from screenings ➢ Increase return to class rate, decrease time in health office (documented in student health records, communication with parents) ➢ Creates and trains building emergency response team

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Indicator I-C. Analysis Indicator
Analyzes data from assessments, draws conclusions, and shares them appropriately.

I-C. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it Might Look & Potential Sources of Evidence
I-C-1. Analysis and Conclusions	*Individually and with colleagues, draws appropriate conclusions about programs, plans, and practices from a thorough analysis of a wide range of data to improve student learning, growth, and development.*	➢ Individually and working with colleagues, analyzes and forms appropriate conclusions of data to improve student learning, growth and development. Examples include analysis of BMI data, risk behaviors, and health promotion needs.	➢ Analyzes BMI data, shares conclusions and develops a plan to increase PE and physical activity, analyzing injuries from playground and increasing playground safety measures, analyzing students at risk, analyzing the number of students reporting to be hungry and need to start a breakfast program (student health records, student schedule, and nurse records/documents). ➢ RN shares aggregate screening data results with stakeholders (principal, wellness committees, school committees)and plan for improving outcomes, such as walking clubs, healthy food education programs ➢
I-C-2. Sharing Conclusions With Colleagues	*Regularly shares with appropriate colleagues (e.g., classroom teachers, administrators, and professional support personnel) conclusions about student progress and seeks feedback from them about practices that will support improved student learning and/or development.*	➢ Actively contributes and participates in a variety of meetings to collaborate with colleagues regarding individual students, school wide learning and health issues.	➢ Participates in student at Risk Team meetings, IEP and 504 meetings (student health records, staff/leadership team meeting minutes). ➢ Provides meaningful input for creating individual student reentry plans, implementing short/long term academic accommodations regarding concussion regulations and/or, new chronic diagnosis. ➢ Provides meaningful input for creating school wide strategic plans addressing culture and climate issues (leadership team/staff meeting minutes, school improvement plans).
I-C-3. Sharing Conclusions With Students and Families	*Based on assessment results and/or other data, provides descriptive feedback and engages students and families in constructive conversation that focuses on student growth and improvement.*	➢ Actively coordinates, contributes and participates in Health Advisory Councils. ➢ Engages students and families in individual and group discussions/presentations (ex. about concussion regulations, substance use/abuse, nutrition regulations, bullying, and life threatening allergies).	➢ Discussions with students and parents regarding school health regulations such as no food during class, wellness policies, and other health issues ex. concussions , food allergies (meeting notes, nurse records).

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Standard II: Teaching All Students
The teacher promotes the learning and growth of all students through instructional practices that establish high expectations, create a safe and effective classroom environment, and demonstrate cultural proficiency.

Indicator II-A. Instruction: Uses instructional and clinical practices that reflect high expectations regarding content and quality of effort and work; engage all students; and are personalized to accommodate diverse learning styles, needs, interests, and levels of readiness.

II-A. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it Might Look & Potential Sources of Evidence
II-A-1. Quality of Effort and Work	*Consistently defines high expectations for student work and behavior, and the perseverance and effort required to produce it; often provides exemplars, rubrics, or guided practice, and/or models appropriate behaviors.*	➢ Consistently assesses the health needs of individual students or groups using evidenced based nursing practice/instruction. ➢ Consistently develops and implements a plan to promote informed health decisions by including health promotion and disease prevention strategies to enhance school performance.	➢ Coordinates individual and group activities that address issues such as healthy lifestyles, risk reducing behaviors, developmental needs, and preventive self care (nurse records, school calendar of activities, observation). ➢ Consistently reviews data related to school culture such as bullying and seeks to implement programs to decrease these behaviors
II-A-2. Student Engagement	*Consistently uses instructional and clinical practices that are likely to motivate and engage most students during the lesson, activity, or session.*	➢ Consistently uses a variety of information technologies and instructional resources to motivate and encourage active participation of students in a variety of settings. ➢ Consistently demonstrates, evaluates and documents response to interventions. ➢ Engages students in active learning to promote healthy lifestyle.	➢ Examples include health reporting on school cable networks, use of iPads for diabetic teaching, bulletin board development, classroom use of smart boards, Quest (interactive asthma teaching tool), and PowerPoint /Prezi presentations (nurse documents, observations). ➢ Assists in downloading health data to primary care providers via technology as necessary (e.g. blood glucose outcomes sent to endocrinologists)
II-A-3. Meeting Diverse Needs	*Uses appropriate practices, including tiered instruction, scaffolds, and other supports, to accommodate differences in learning styles, needs, interests, and levels of readiness, including those of students with disabilities and English learners.*	➢ Consistently uses health promotions and health teaching methods appropriate to the situations and the students' values, beliefs, health practices, developmental level, learning needs, readiness, ability to learn, language preference, spirituality, culture and socioeconomic status. ➢ Utilizes instructional scaffolding with support when concepts and skills are initially being taught.	➢ Provides developmentally appropriate instruction regarding disease/chronic condition/health issues ➢ Instructional scaffolding ex. nurse teaches preschooler cough etiquette while an older child is taught additional self care behaviors/strategies and physiology of the upper respiratory tract.

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Indicator II-B. Learning Environment: Creates and maintains a safe and collaborative learning environment that motivates students to take academic risks, challenge themselves, and claim ownership of their learning.

II-B. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it Might Look & Potential Sources of Evidence
II-B-1. Safe Learning Environment	*Uses rituals, routines, and appropriate responses that create and maintain a safe physical and intellectual environment where students take academic risks and most behaviors that interfere with learning are prevented.*	➢ Consistently maintains and organizes an orderly atmosphere within the health office or instructional setting to create a safe physical, emotional and intellectual environment. ➢ Consistently creates and maintains an appropriate climate for addressing the health needs of students ensuring confidentiality.	➢ RN maintains current immunization records, displays SAFE Zone sign in health office (observations, nurse records). ➢ RN addresses all students with respect and provides confidential space for students when necessary ➢ Protects privacy and confidentiality of personal health information of students and staff
II-B-2. Collaborative Learning Environment	*Develops students' interpersonal, group, and communication skills and provides opportunities for students to learn in groups with diverse peers.*	➢ Consistently encourages students to engage in health discussions. ➢ Consistently recognizes and encourages opportunities for collaborative peer group learning experiences.	➢ RN offers groups for students with similar health concerns (asthma, diabetes, etc), GLBTQ groups, and "lunch bunch friendship" groups for discussions about a variety of issues (observations, nurse records). ➢ RN encourages student participation in Health Fairs (observations).
II-B-3. Student Motivation .	*Consistently creates learning experiences that guide students to identify their strengths, interests, and needs; ask for support when appropriate; take risks; and challenge themselves to succeed.*	➢ Consistently recognizes and encourages opportunities for collaborative peer group learning experiences. ➢ Demonstrates active listening and teaching methods that are appropriate for the student as an individual and encourages student questions, active participation and understanding, and movement to appropriate level of self care.	➢ RN encourages students to participate in activities such as a Signs of Suicide prevention programs, Smoking Cessation Programs, Risk Taking Behaviors, and Break Free from Depression Program (observations).

Indicator II-C. Cultural Proficiency: Actively creates and maintains an environment in which students' diverse backgrounds, identities, strengths, and challenges are respected.

II-C. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it Might Look & Potential Sources of Evidence
II-C-1. Respects Differences	*Consistently uses strategies and practices that are likely to enable students to demonstrate respect for and affirm their own and others' differences related to background, identity, language, strengths, and challenges.*	➢ Consistently protects the students' autonomy, dignity, rights, values, and beliefs when delivering care while recognizing cultural diversity.	➢ RN maintains confidentiality and modifies classes due to religious beliefs such as Ramadan (observations). ➢ RN understands cultural values and beliefs; is sensitive to differences when interacting with students and their families

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Indicator II-C. Cultural Proficiency: Actively creates and maintains an environment in which students' diverse backgrounds, identities, strengths, and challenges are respected.

II-C. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it Might Look & Potential Sources of Evidence
II-C-2. Maintains Respectful Environment	*Anticipates and responds appropriately to conflicts or misunderstandings arising from differences in backgrounds, languages, and identities.*	➢ Consistently establishes an environment that integrates caring, kindness and respect for all into nursing practice. ➢ Consistently takes appropriate action when addressing situations that jeopardize the health and wellbeing and self esteem of students. ➢ Recognizes the Nurse Practice Act and the Massachusetts Regulations 244 CMR 9.00 Code of Conduct.	➢ RN interacts with students, parents, families, and colleagues in a positive and respectful manner ➢ Advocates for students who may be experiencing emotional stress due to teasing/bullying; follows school district policies regarding conflict resolution ➢ Offers explanations to other staff of student and family behavior related to cultural differences

Indicator II-D. Expectations: Plans and implements lessons and/or supports that set clear and high expectations and also make knowledge, information, and/or supports accessible for all students.

II-D. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it might look & Potential Sources of Evidence
II-D-1. Clear Expectations	*Clearly communicates and consistently enforces specific standards for student work, effort, and behavior.*	➢ Consistently uses effective written, verbal, nonverbal and visual communication skills. ➢ Consistently uses language appropriate to students' age, developmental level, gender, race and ethnic background. ➢ Consistently assists students to achieve optimum levels of wellness through formal and informal health education, health promotion and preventative health services.	➢ Includes sign language and communication boards (observations) as needed for special needs students. ➢ RN delivers developmentally appropriate classroom presentations and plans community events focused on health issues (observations, nurse documents/records). ➢ IHCP clearly communicates plans for students with chronic health issues
II-D-2. High Expectations	*Effectively models and reinforces ways that students can set and accomplish challenging goals through effective effort, rather than having to depend on innate ability.*	➢ Consistently adapts heath teaching methods and information by introducing alternative modalities including technology, written materials or pictures, verbal reinforcement, supervised practice and any other teaching modality to promote student learning. ➢ Works collaboratively with students and staff to promote and maintain optimal health and wellness. ➢ Attends and is an active member of the school's Wellness Team.	➢ RN successfully demonstrates epi-pen administration, proper use of an inhaler and nebulizers, and testing of blood glucose etc to students (observations and documentation) ➢ RN models health behavior in personal habits such as non-smoking, nutrition, self-care, etc.

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Indicator II-D. Expectations: Plans and implements lessons and/or supports that set clear and high expectations and also make knowledge, information, and/or supports accessible for all students.

II-D. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it might look & Potential Sources of Evidence
II-D-3. Access to Knowledge	*Consistently adapts instruction, services, plans, communication, and/or assessments to make curriculum/ supports accessible to all students for whom the educator has responsibility, including English learners and students with disabilities.*	➤ Consistently uses active listening and language appropriate to the students' ages, levels of development, race, ethnicity, and socioeconomic background, concerning individual health values and needs. ➤ Consistently demonstrates having full knowledge and understanding of national and state laws, district policies and procedures governing special education students, specialized education programs, chronically ill students and the rights of the disabled. ➤ Consistently provides opportunities to access information and services on health/wellness to students through use of community resources and media. ➤ Nurse consistently works as an active team member to develop plans to help assure that students with medical disability, conditions, or challenges are able to optimally access their educational goals.	➤ RN participates in 504, IEP, and student support teams (student health records, meeting minutes, observations). ➤ Health office has open door policy, RN is a resource for students with health questions/concerns ➤ RN is able to site regulations related to medication administration, medical treatments and other services as provided in the school setting. ➤ RN is able to provide services related to American with Disabilities Act for individual students

Standard III: Family and Community Engagement

Promotes the learning and growth of all students through effective partnerships with families, caregivers, community members, and organizations.

Indicator III-A. Engagement: Welcomes and encourages every family to become active participants in the classroom and school community.

III-A. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it might look & Potential Sources of Evidence
III-A-1. Parent/Family Engagement	*Uses a variety of strategies to support families to participate actively and appropriately in the classroom and school community.*	➤ Engages families, caregivers, and students in a variety of activities. ➤ Uses/develops brochures describing available school health services and expectations (e.g. how to access medication orders for administration in school). ➤ Nurse informs families of major public health initiatives (e.g. screenings, flu clinics). ➤ Maintains or contributes to a website for families with updated health information.	➤ RN makes home visits as needed and attends PTO meetings and other school events to meet with parents (observation, meeting attendance records, and nurse records). ➤ RN includes families, caregivers and students in activities such as the development of IHCP, attending school or district "Open House" and Kindergarten /new student registration. ➤ RN presents to parents and other community members on a variety of health related topics

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Indicator III-B. Collaboration: Collaborates with families to create and implement strategies for supporting student learning and development both at home and at school.			
III-B. Elements	**Proficient**	**Knowledge, Skills, & Responsibilities**	**How it might look & Potential Sources of Evidence**
III-B-1. Learning Expectations	*Consistently provides parents with clear, user-friendly expectations for student learning, behavior, and/or wellness.*	➢ Uses a variety of teaching strategies to support learners: Visual / Verbal /Electronic/ discussions. ➢ Provides materials in primary languages as needed; uses a translator as needed. ➢ Promptly communicates with families about the need for follow-up if the student does not pass the screening tests. ➢ Seizes opportunities to develop family health literacy through distribution of updated health information such as infectious disease advisories through newspaper articles, newsletter articles, electronic articles, attending school events, all in accordance with district policy.	➢ RN provides parents/guardians with appropriate notification of mandated health screenings as per regulations. ➢ RN provides reports of outcomes of screenings to parents within two weeks ➢ RN issues periodic health-related newsletter or contributes to school newsletters with timely health information. ➢ Responds promptly to parent concerns ➢ Contributes to school webpage ➢ Promptly informs parents of changes in their parent's health status, changes from medication effects, etc
III-B-2. Student Support	*Regularly communicates with parents to create, share, and/or identify strategies for supporting learning and development at school and home.*	➢ Reviews individual health care plan and student progress in meeting goals on a regular basis with the family. ➢ Engages families as partners in illness management. ➢ Writes newsletter articles for student publications. ➢ Attends school events before and after school. ➢ Reinforces positive students learning behaviors. ➢ Creates a welcoming climate that encourages students to share issues and concerns. ➢ Refers students and families to appropriate resources. ➢ Collaborates with teachers and other staff to ensure that they are knowledgeable regarding keeping the student safe in the classroom and/or indications for referring him/her to the nurse.	➢ Meets at start of school year with family to review/create IHCP ➢ Plans for communication through-out the year ➢ Attends school's Open House, PTO meetings when appropriate ➢ Contributes weekly or monthly to school newsletter/website ➢ Office hours allow for parent visits before and after school to discuss student concerns.

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Indicator III-C. Communication: Engages in regular, two-way, and culturally proficient communication with families about student learning, behavior and wellness.			
III-C. Elements	**Proficient**	**Knowledge, Skills, & Responsibilities**	**How it might look & Potential Sources of Evidence**
III-C-1. Two-Way Communication	*Regularly uses two-way communication with families about student learning, behavior, and wellness; responds promptly and carefully to communications from families.*	➢ Engages in effective open dialogue – verbal or written. ➢ Keeps families informed of health office visits involving significant injuries or illness, as appropriate. ➢ Apprises families of progress and issues in chronic disease management. ➢ Apprises families of concerns regarding possible behavioral mental health issues; with the family jointly develops plans to address them. ➢ Makes home visits as indicated.	➢ RN immediately communicates with parents/guardians regarding significant injury or illness they should be made aware of and refers to medical provider when indicated. ➢ RN assists staff members to identify students at risk of bullying and mental health related issues and assists in the appropriate referral of these students, such as contacting mobile crisis intervention provider. ➢ Demonstrates positive, respectful interactions with families; responds promptly to parent calls and other requests for information ➢ Interactions/inventions and health outcomes are documented in health record
III-C-2. Culturally Proficient Communication	*Always communicates respectfully with families and demonstrates understanding of and sensitivity to different families' home language, culture, and values.*	➢ Arranges for translator as needed. ➢ Provides written materials (such as the medication authorization form) in students' and/or families' spoken languages. ➢ Understands cultural norms relative to illness and disease process.	➢ RN utilizes translator to communicate verbally with students/parents and ensures that communication sent home regarding student health issues are available in primary language ➢ RN is sensitive to various cultural beliefs and does not attempt to undermine these beliefs unless the student's health is at risk. ➢ Flyers, Newsletters, Posters, etc in other languages

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Standard IV: Professional Culture
Promotes the learning and growth of all students through ethical, culturally proficient, skilled, and collaborative practice.

Indicator IV-A. Reflection: Demonstrates the capacity to reflect on and improve the educator's own practice, using informal means as well as meetings with teams and work groups to gather information, analyze data, examine issues, set meaningful goals, and develop new approaches in order to improve teaching and learning.

IV-A. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it might look & Potential Sources of Evidence
IV-A-1. Reflective Practice	*Regularly reflects on the effectiveness of instruction, supports, and interactions with students, both individually and with colleagues, and uses insights gained to improve practice and student outcomes.*	➤ Reflects on student health outcomes to assess effectiveness of health office and/or classroom teaching. ➤ Attends meetings with colleagues to discuss student issues e.g. IHCP, 504, IEPs. ➤ Reflects on appropriate clinical skills and identifies areas of need to enhance knowledge of specific clinical skill. ➤ Identifies and develops skills utilizing appropriate communication techniques with parents/families.	➤ RN reviews health office data, including return to class rate and number and type of health office visits to determine strategies for improving outcomes. ➤ Reviews both individual and school-wide absentee lists for illness trends ➤ Reviews data collection for parent/guardian communication, i.e. Monthly Report ➤ Updates IHCP, 504 when indicated ➤ Self-assessment to discern areas of strength and, areas for improvement
IV-A-2. Goal Setting	*Proposes challenging, measurable professional practice, team, and student learning goals that are based on thorough self-assessment and analysis of student data.*	➤ Sets annual goals based on health office data such as YRBS results, immunization compliance, screening results, RTC rates, and attendance. ➤ Identifies and addresses clinical practice /skills needs.	➤ RN establishes goals in conjunction with district goals related to student needs ➤ Evidenced based interventions to achieve goals ➤ Goals reflect Needs Assessment, School Health Index

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Indicator IV-B. Professional Growth: Actively pursues professional development and learning opportunities to improve quality of practice or build the expertise and experience to assume different instructional and leadership roles.

IV-B. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it might look & Potential Sources of Evidence
IV-B-1. Professional Learning and Growth	*Consistently seeks out and applies, when appropriate, ideas for improving practice from supervisors, colleagues, professional development activities, and other resources to gain expertise and/or assume different instruction and leadership responsibilities.*	➢ Attends continuing education programs; on site, online. ➢ Meets with district/area nursing colleagues. ➢ Develops Professional Development Programs e.g. presentation to peers on clinical topics. ➢ Supports/collaborates with the nurse leader with health program goals. ➢ Participates in nursing research and nursing publications. ➢ Develops and maintains school nurse portfolio. ➢ Stays current in practice through membership in state, national organization. ➢ Maintains nursing license and ESE licensure, and strives towards National School Nurse Certification.	➢ RN maintains record of CEU certificates and education programs attended ➢ RN maintains sufficient PDPs and CEUs for renewal of both RN and ESE licensure ➢ Shares information learned at continuing education programs with colleagues ➢ Attains NCSN certification ➢ Creates a School Nurse Portfolio

Indicator IV-C. Collaboration: Collaborates effectively with colleagues on a wide range of tasks.

IV-C. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it might look & Potential Sources of Evidence
IV-C-1. Professional Collaboration	*Consistently and effectively collaborates with colleagues through shared planning and/or informal conversation in such work as: analyzing student performance and development and planning appropriate interventions at the classroom or school level.*	➢ Collaborates with administrative and educational staff through staff meetings and membership in student support teams, crisis teams, and wellness committees. ➢ Develops IHCP, 504 plans or assists with development of Individual Educational Plans. ➢ Collaborates with counselors, social workers, and other specialized instructional support personnel.	➢ RN attends meetings with district and school staff, parents and students and is considered an integral member of the educational team. ➢ Member of Crisis Team, School Health Advisory Council, Wellness Committee
IV-C-2. Consultation	*Regularly provides appropriate advice and expertise that is customized to support general education teachers and other colleagues to create appropriate and effective academic, behavioral, and social/emotional learning experiences for students for whom responsibility is shared.*	➢ Consults with administrative and teaching staff to address health issues that may impact student learning. ➢ Identifies and establishes a confidential, non- judgmental environment when consulting. ➢ Consults with Health Care Providers, Specialists, MASSTART, Nurse Educators, Community Agencies, Mental Health Providers, Massachusetts Department of Public Health, local Boards of Health, and Student Support Teams to improve practice in specific areas.	➢ Meet with teachers at start of school to discuss health needs of students in classroom as deemed appropriate ➢ Communicates with nursing colleagues and other healthcare providers to establish best practices ➢ Develops emergency action plans for teacher and other coordinators use to meet students needs related to before and after activities

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Indicator IV-D. Decision-Making: Becomes involved in school wide decision making, and takes an active role in school improvement planning.

IV-D. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it might look & Potential Sources of Evidence
IV-D-1. Decision-Making	*Consistently contributes relevant ideas and expertise to planning and decision making at the school, department, and/or grade level.*	➢ Collaborates with administration and other colleagues sharing their expertise to make appropriate health and safety decisions for students and staff. ➢ Assists in decision making including but not limited to school safety, policy development, crisis interventions, field trips, school activities, and health curriculum.	➢ Uses evidence/research to make informed decisions; reads current publications of research related to practice. ➢ Attends school building/district meetings as required to provide health/nursing incite

Indicator IV-E. Shared Responsibility: Shares responsibility for the performance of all students within the school.

IV-E. Elements	Proficient	Knowledge, Skills, & Responsibilities	How it might look & Potential Sources of Evidence
IV-E-1. Shared Responsibility	*Within and beyond the classroom, consistently reinforces schoolwide behavior and learning expectations for all students, and contributes to their learning by sharing responsibility for meeting their needs.*	➢ School Nurse consistently encourages and models professional behavior for students, families and staff. ➢ Upholds the Standards of Conduct for the Professional Nurse. ➢ Consistently sets high expectations for student behavior and learning in the health office and when in the classroom.	➢ Demonstrates professional demeanor in words, actions, appearance; meets the Professional Standards of Conducts as determined by the Massachusetts Board of Registration for Nursing ➢ Provides appropriate education and supervision when delegating nursing activities

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Indicator IV-F. Professional Responsibilities: Is ethical and reliable, and meets routine responsibilities consistently.			
IV-F. Elements	**Proficient**	**Knowledge, Skills, & Responsibilities**	**How it might look & Potential Sources of Evidence**
IV-F-1. Judgment	*Demonstrates sound judgment reflecting integrity, honesty, fairness, and trustworthiness and protects student confidentiality appropriately.*	➢ Models professional behavior at all times. ➢ Provides high quality care to ALL students. ➢ Maintains private space in health office for visits and phone communication. ➢ Shares student health information appropriately, on a need to know basis. ➢ Complies with all Massachusetts General Laws and Regulations. ➢ Always follows FERPA and HIPAA regulations where applicable.	➢ Demonstrates professional demeanor in words, actions, appearance ➢ Ethical, forthright, maintains confidentiality
IV-F-2. Reliability & Responsibility	*Consistently fulfills professional responsibilities; is consistently punctual and reliable with paperwork, duties, and assignments; and is rarely late or absent from school.*	➢ Is consistently present in health office per school contract. ➢ Maintains computerized, up to date, comprehensive student health record. ➢ Maintains accurate, timely, descriptive, and complete documentation. ➢ Attends required meeting in accordance with safe nursing practice, such as staff and faculty meetings per contract ➢ Responds and demonstrate clinical skills necessary to address emergency situations (e.g. first aid, CPR, AEDs). ➢ Performs all required nursing responsibilities and professional duties according to Nurse Practice Act and district policies.	➢ Excellent Attendance ➢ Punctual, reliable with paperwork, duties and assignments ➢ Contributes ideas, expertise ➢ Provides appropriate assessment and care to students ➢ Responds to medical emergencies and delegates appropriately ➢ Maintains record of professional development certificates ➢ Reviews competency checklist

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