

Raymond School District

Nurse Pre-Observation

Name: _____

Date: _____

Time: _____

Subject: _____

Activity: _____

Observer: _____

How does the age group that you work with influence your planned and unplanned activities? (Component 1b.)

What are your goals for the nursing services at your school and how are they influenced by the age group your work with? (Component 1c.)

How do you assess whether or not the nursing services are meeting the goals that you have set? What evidence do you use in your assessment? (Component 1f.)

What are some examples of how you have made revisions in the nursing program when they were needed? (Component 3e.)

What activity do you have planned for the scheduled observation and what specific feedback would be helpful to you as an outcome of the observation?