pennsylvania
DEPARTMENT OF EDUCATION

RUBRIC ASSESSMENT: CERTIFIED SCHOOL NURSE (CSN)				
Date ☐ Self-Assessment ☐ Evaluator Assessment ☐				
Domain 1: Planning and Preparation				
Component	**Failing**	**Needs Improvement**	**Proficient**	**Distinguished**
1a: Demonstrating Knowledge of Nursing Process and Health*	➢ Demonstrates limited understanding of the nursing process and health.	➢ Demonstrates basic understanding of the nursing process and health.	➢ Demonstrates adequate understanding of the nursing process and health.	➢ Demonstrates extensive understanding of the nursing process and health.
Evidence/Examples	➢ Does not assess student upon arrival to the health room.	➢ Performs a limited, brief nursing assessment of student upon arrival to the health room.	➢ Performs a complete and appropriate nursing assessment of student upon arrival to the health room.	➢ Performs a complete, appropriate, and detailed nursing assessment of student upon arrival to the health room, including questions as to past medical history and potential contributing factors.

* Nursing process as defined by the National Association of School Nurses (NASN) is comprised of six (6) steps: Assessment, Nursing Diagnosis, Outcomes Identification, Planning, Implementation, and Evaluation.

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Component	Failing	Needs Improvement	Proficient	Distinguished
1b: Demonstrating Knowledge of Individual Health Needs	➢ Demonstrates limited understanding of individual health needs.	➢ Demonstrates basic understanding of individual health needs.	➢ Demonstrates adequate understanding of individual health needs.	➢ Demonstrates extensive understanding of individual health needs.
Evidence/Examples	➢ Does not access student's demographic data and health history to aid in physical assessment.	➢ Utilizes available student data occasionally to aid in performing a physical assessment of the student.	➢ Consistently utilizes available student information databases and health records to aid in performing a physical assessment.	➢ Consistently utilizes available student information databases and health records, and seeks input from teachers and other relevant personnel, to aid in completing a physical assessment.
1c: Identifying Appropriate Service Delivery Outcomes	➢ Unable to identify appropriate outcomes.	➢ Able to identify appropriate outcomes some of the time.	➢ Consistently identifies outcomes that are culturally appropriate and based upon both current and predicted needs.	➢ Consistently identifies outcomes that are culturally appropriate and based upon both current and predicted needs. Following consultation with relevant parties (e.g., students, parents, and educators/colleagues), systematically evaluates measurable outcomes for the purpose of improving services.
Evidence/Examples	➢ Does not communicate with parents and/or staff members, when appropriate, following a student interaction.	➢ Occasionally communicates with parents and/or staff members, when appropriate, following a student interaction.	➢ Consistently communicates in an effective manner, when appropriate, with parents and staff members following interaction with a student.	➢ Provides consistent communication with parents and staff members following each student interaction, when appropriate, and initiates follow-up communication to determine the student's status and future needs upon return to the classroom.

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Component	Failing	Needs Improvement	Proficient	Distinguished
1d: Demonstrating Knowledge of Appropriate Laws, Regulations, and Resources	➢ Demonstrates limited knowledge of appropriate laws, regulations, and resources.	➢ Demonstrates some knowledge of appropriate laws, regulations, and resources.	➢ Demonstrates adequate knowledge of appropriate laws, regulations, and resources.	➢ Demonstrates extensive knowledge of appropriate laws, regulations and resources, and uses knowledge to regularly assess the impact on services.
Evidence/Examples	➢ Does not complete the process for each mandated screening. ➢ Does not review student immunization records for compliance with state mandates.	➢ Partially completes the process for each mandated screening. ➢ Reviews student immunization records but does not follow-up with students out of compliance.	➢ Completes the process for each mandated screening. ➢ Reviews student immunization records, and follows-up periodically throughout the school year according to state guidelines.	➢ Completes the process for each mandated screening, communicates the results with teachers, as appropriate, and follows-up with referrals as needed, utilizing existing resources. ➢ Reviews student immunization records, follows-up throughout the school year according to state guidelines, and educates parents with community resources for immunization compliance.
1e: Designing Coherent Service Delivery Plans	➢ Is unable to develop plans that result in expected outcomes for the individual.	➢ Is able to develop plans to attain expected outcomes some of the time.	➢ Consistently develops plans that result in expected outcomes for individuals, including individuals with diverse medical needs.	➢ Through collaborative and evidence-based practice, develops exceptional plans that exceed the expected outcomes for a given individual.
Evidence/Examples	➢ Does not create an emergency health care plan for a student with life-threatening food allergies.	➢ Creates a basic emergency care plan for a student with life-threatening food allergies, but does not communicate the plan to the student's teacher.	➢ Creates a complete emergency care plan for a student with life-threatening food allergies and communicates the plan to the student's teacher and appropriate staff members.	➢ Creates a detailed emergency care plan for a student with life-threatening food allergies, communicates the plan to the student's teacher and appropriate staff members, and trains staff members in the use of an epinephrine auto-injector and how to recognize and respond to a life-threatening reaction.

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1f: Designing Outcome Evaluation	➢ Is unable to design an outcome evaluation.	➢ Demonstrates a basic understanding of how to design an outcome evaluation.	➢ Is able to design an adequate outcome evaluation.	➢ Through collaborative practice, is able to adequately design an outcome evaluation and use the results to inform and improve services.
Evidence/Examples	➢ Does not create an individual health plan for a student returning to school with special mobility needs.	➢ Creates a mobility plan for a student returning to school, but does not communicate the plan with the student's teacher.	➢ Creates an individual health plan for mobility and communicates the plan with the student's teacher and other staff members.	➢ Incorporates an evaluation tool to determine if an individual health plan for mobility is functional. Assesses results of evaluation tool and modifies individual health care plan as needed. Communicates the plan to the student's teacher(s), appropriate staff member(s), and student's parent/guardian.

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Domain 2: The Environment				
Component	**Failing**	**Needs Improvement**	**Proficient**	**Distinguished**
2a: Creating an Environment of Respect and Rapport	➢ Often has negative or inappropriate interactions with members of the school community.*	➢ Has adequate interactions with members of the school community.	➢ Has positive and respectful interactions with members of the school community.	➢ Is sought out by members of the school community based upon the establishment of respectful, collaborative, and trusting relationships.
Evidence/Examples	➢ Does not maintain confidentiality. ➢ Makes inappropriate remarks during meetings with school community. ➢ Communicates in a negative manner through email correspondence to members of the school community. ➢ Speaks to students in a condescending manner. ➢ Is not sensitive to the cultural and socioeconomic challenges of community members.	➢ Compromises confidentiality at times. ➢ Occasionally causes conflict with school community members. ➢ Typically has appropriate interactions with school community. ➢ Is sensitive to the cultural and socioeconomic characteristics of the school community.	➢ Is professional and respectful when working with the school community. ➢ Builds a supportive and caring rapport with school community. ➢ Intervenes for those of the school community with cultural and socioeconomic challenges. ➢ Consistently has appropriate and positive correspondence (email, verbal).	➢ Is sought out by members of the school community because of trusting and caring relationship. ➢ Uses respectful, supportive, and knowledgeable communications as evidenced by positive feedback to administration from the school community. ➢ Actively provides resources for those with cultural and socioeconomic challenges.
2b: Establishing a Culture for Health and Wellness	➢ Does not contribute to the establishment of a culture for health and wellness. ➢ Is not sensitive to the developmental, cultural, and socioeconomic characteristics of the school community.	➢ Makes some contributions toward the establishment of a culture for health and wellness. ➢ Shows some sensitivity to the developmental, cultural, and socioeconomic characteristics of the school community.	➢ Makes meaningful contributions toward the establishment of a culture for health and wellness. ➢ Demonstrates sensitivity to the developmental, cultural, and socioeconomic needs of the school community.	➢ Makes significant contributions toward the establishment of a culture for health and wellness via leadership and collaboration with members of the school community. ➢ Demonstrates sensitivity to the developmental, cultural, and socioeconomic needs of the community.
Evidence/Examples	➢ Does not participate in health initiatives.	➢ Occasionally participates in health initiatives. ➢ Recognizes health care needs of students but does not intervene with possible solutions.	➢ Consistently participates in health initiatives. ➢ Serves on school committees such as School Wellness Committee and School Safety Committee. ➢ Provides resources to the school community regarding health and wellness issues. ➢ Is aware of specific health issues within the school community.	➢ Organizes programs such as Holiday Sharing, Immunization Clinics, Health Fairs, and Blood Drives. ➢ Participates in district policy development. ➢ Aids in accessing health care, reduced/free breakfast/lunch, and other resources for students, as needed.

* The definition of School Community as defined by National Association of School Nurses (NASN) includes the personnel and facilities of the school and the surrounding neighborhood of people.

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Component	Failing	Needs Improvement	Proficient	Distinguished
2c: Following Health Protocols and Procedures	➢ Does not follow health protocols and procedures.	➢ Inconsistently follows health protocols and procedures. ➢ Usually keeps documentation of all nursing care given to student(s) and member(s) of the school community, but lacks consistency and clarity in record-keeping.	➢ Follows health protocols and procedures. ➢ Consistently documents all nursing care given to student(s) and member(s) of the school community and these records are usually complete and clear.	➢ Follows health protocols and procedures and uses effective problem-solving skills in unique situations. ➢ Consistently documents, in a complete and clear manner, all nursing care given to student(s) and member(s) of the school community.
Evidence/Examples	➢ Does not follow school district policy and procedure/department standing orders. ➢ Has absent or incomplete documentation.	➢ Is aware of and generally follows school district policy and procedure/department standing orders. ➢ Has inconsistent documentation.	➢ Consistently follows school district policy and procedure/department standing orders. ➢ Has consistent and adequate documentation.	➢ Contributes to the development of district policy and procedure/department standing orders related to health and wellness. ➢ Has complete documentation with follow-up as needed and shares with appropriate school staff as necessary for student success.
2d: Promoting a Safe and Healthy Environment	➢ Does not promote a safe and healthy environment.	➢ Makes some attempts to promote a safe and healthy environment.	➢ Consistently promotes a safe and healthy environment.	➢ Consistently engages others in the effective promotion of a safe and healthy environment that is guided by the use of research-based strategies and recommendations.
Evidence/Examples	➢ Does not contact Department of Health for suspected outbreak of chicken pox. ➢ Does not maintain medications in a locked location. Exception: emergency medications such as asthma inhalers and epinephrine auto-injectors.	➢ Delays contacting Department of Health for suspected outbreak of chicken pox. ➢ Has a secure medication location but does not keep locked. Exception: emergency medications such as asthma inhalers and epinephrine auto-injectors.	➢ Contacts Department of Health for suspected outbreak of chicken pox in a timely manner. ➢ Maintains medication in a secure, locked location. Exception: emergency medications such as asthma inhalers and epinephrine auto-injectors.	➢ Contacts Department of Health for suspected outbreak of chicken pox. Provides education to school administration, staff, and families on disease process, precautions, treatment, and follow-up. ➢ Ensures that medication is in a secure, locked location. Exception: emergency medications such as asthma inhalers and epinephrine auto-injectors. Maintains logs of inventory. Follows recommendations outlined in PA Department of Health Medication Guidelines.

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2e: Organizing Physical Space	➤ The physical environment is unsafe.	➤ The physical environment is usually safe, organized, and accessible.	➤ The physical environment is consistently safe, organized, and accessible.	➤ Continually monitors and assesses the safety of surroundings and addresses the need to maintain a physical environment that is safe, organized, and accessible.
Evidence/Examples	➤ The Health Office is not safe/clean and supplies are not organized.	➤ The Health Office is cluttered but accessible. Supplies are somewhat organized.	➤ The Health Office is clean, uncluttered, and easily accessible. ➤ Supplies are well organized.	➤ The Health Office is consistently clean and organized. ➤ Supplies are well organized and the CSN monitors for expiration dates.

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		Domain 3: Service Delivery		
Component	**Failing**	**Needs Improvement**	**Proficient**	**Distinguished**
3a: Communicating Clearly and Accurately	➢ Demonstrates ineffective oral and written communications skills.	➢ Demonstrates adequately developed oral and written communication skills.	➢ Demonstrates effective oral and written communication skills that result in purposeful and consistently positive outcomes.	➢ Demonstrates effective oral and written communication skills that result in community-building, enhancement, and trust in school nursing services.
Evidence/Examples	➢ Does not proofread communications prior to dissemination. ➢ Does not use language that is appropriate and professional.	➢ Inconsistently proofreads prior to dissemination. ➢ Inconsistently uses language that is appropriate and professional.	➢ Consistently proofreads prior to dissemination. ➢ Consistently uses language that is appropriate and professional.	➢ Consistently proofreads communications prior to dissemination. ➢ Adapts communications to the specific needs of the recipient(s).
3b: Gathering Information	➢ Does not use appropriate information gathering techniques.	➢ Uses appropriate information gathering techniques most of the time.	➢ Consistently uses appropriate information gathering techniques.	➢ Consistently uses appropriate information gathering techniques and provides comprehensive assessments that inform treatment for the individual, system, and practice at large.
Evidence/Examples	➢ Does not access student's health history or demographic data.	➢ Inconsistently accesses student's health history or demographic data.	➢ Consistently utilizes available student health history or demographic data.	➢ Consistently utilizes available student health history, demographic data, and evidence-based resources.

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Component	Failing	Needs Improvement	Proficient	Distinguished
3c: Engaging the School Community in Health Education and Wellness Promotion	➢ Does not engage the school community in health education and wellness promotion.	➢ Engages the school community in health education and wellness promotion on an inconsistent basis.	➢ Engages the school community in health education and wellness promotion on a consistent basis.	➢ Consistently engages and empowers the school community to learn about health and take individual and collective responsibility for promoting wellness.
Evidence/Examples	➢ Does not share trusted sources or links of health information and wellness promotion.	➢ Inconsistently provides sources of health information and wellness promotion.	➢ Consistently engages the school community in health and wellness promotion through school-permitted methods such as school newsletters, bulletin board displays, automated call notifications, wellness announcements, or class presentations. ➢ Consistently communicates trusted sources of health information and wellness promotion.	➢ Consistently engages the school community in health and wellness promotion through school-permitted techniques such as school newsletters, bulletin board displays, automated phone call notifications, wellness announcements, or class presentations. ➢ Assists in promotion and/or provides school community with programs such as flu shot programs, immunization catch up programs, health and wellness fairs, or blood drives.
3d: Utilizing Assessment Data and Resources to Deliver Appropriate Care	➢ Does not utilize assessment data and resources to inform/deliver appropriate care.	➢ Inconsistently utilizes assessment data and resources to inform/deliver appropriate care.	➢ Consistently and effectively utilizes assessment data and resources to deliver appropriate care.	➢ Consistently and effectively utilizes assessment data and resources to deliver exceptional care and outcomes.
Evidence/Examples	➢ Fails to utilize physical and written assessment resources or other credible health information sources to inform/deliver appropriate care to a student presenting with a complex health problem such as a concussion.	➢ Inconsistently utilizes physical and written information or other credible health information sources (healthcare provider orders, standardized and trusted assessment tools) to inform/deliver appropriate care for a student presenting with a complex health problem such as a concussion.	➢ Consistently utilizes physical and written information and other credible health information sources (healthcare provider orders, standardized and trusted assessment tools) to inform/deliver appropriate care for a student presenting with a complex health problem such as a concussion.	➢ Consistently utilizes physical and written information or other credible health information sources (healthcare provider orders, standardized and trusted assessment tools) to inform/deliver appropriate care for a student presenting with complex health problem such as a concussion. ➢ Consistently works collaboratively with teachers/school personnel to develop the appropriate plan of care in order to reach maximum academic success. ➢ Provides trusted educational resources to family/faculty concerning all aspects in the care for a student presenting with a complex health problem such as a concussion.

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Component	Failing	Needs Improvement	Proficient	Distinguished
3e: Demonstrating Flexibility and Responsiveness	➢ Does not demonstrate flexibility and responsiveness to making changes to a plan or program.	➢ Is willing to make some changes to a plan or program when the results suggest that there is a need for change but does not consistently evaluate whether the changes were helpful.	➢ Is willing to make some changes to a plan or program when the results suggest that there is need for change and consistently evaluates whether the changes were helpful.	➢ Consistently seeks input from all stakeholders to guide decision-making. Demonstrates ongoing flexibility and responsiveness within the context of collaboration and systematic evaluation of changes, which results in meaningful improvements and improved outcomes.
Evidence/Examples	➢ Fails to adapt the plan of care and respond effectively to scheduled and unscheduled changes throughout the school day for a student with a chronic condition (e.g., Type 1 Diabetes).	➢ Inconsistently adapts the plan of care and responds effectively to scheduled and unscheduled changes throughout the school day for a student with a chronic condition (e.g., Type 1 Diabetes).	➢ Consistently adapts the plan of care and responds effectively to scheduled and unscheduled changes throughout the school day for a student with a chronic condition (e.g., Type 1 Diabetes).	➢ Consistently adapts the plan of care and responds effectively to scheduled and unscheduled changes throughout the school day for a student with a chronic condition (e.g., Type 1 Diabetes) and communicates these changes to the appropriate school community.

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Domain 4: Professional Development/Professional Responsibilities				
Component	**Failing**	**Needs Improvement**	**Proficient**	**Distinguished**
4a: Reflecting on Professional Practice	➢ Does not demonstrate reflection to improve practice.	➢ Inconsistently demonstrates reflection to improve practice.	➢ Consistently demonstrates reflection to improve practice.	➢ Consistently demonstrates reflection and incorporates evidence-based strategies to improve practice.
Evidence/Examples	➢ Does not perform an After Action Review following a student emergency.	➢ Performs an After Action Review following a student emergency, and then identifies changes needed, but does not initiate identified changes.	➢ Performs an After Action Review following a student emergency, and then implements changes as needed to improve future responses.	➢ Performs an After Action Review following a student emergency, and then implements changes as needed to improve future response, and educates school community to facilitate appropriate change in policy and procedures.
4b: Maintaining Accurate Records	➢ Does not maintain accurate records.	➢ Inconsistently maintains accurate records.	➢ Consistently maintains accurate records.	➢ Is exceptional at maintaining accurate records and serves as a role model for colleagues.
Evidence/Examples	➢ Does not document the mandated School Health program screening data on student health records. ➢ Does not collect data throughout the school year to be included in the School Health Annual Request for Reimbursement System (SHARRS) report. ➢ Does not report objective data in school accident/incident reports on students and staff.	➢ Sometimes documents the mandated School Health program screening data on student health records. ➢ Collects some of the data throughout the school year to be included in the SHARRS report. ➢ Reports minimal objective data in school accident/incident reports on students and staff.	➢ Accurately documents the mandated School Health program screening data on student health records. ➢ Collects data throughout the school year to be included in the SHARRS report. ➢ Reports objective data in school accident/incident reports on students and staff.	➢ Consistently documents the mandated School Health program screening data on student health records and serves as a mentor to colleagues. ➢ Collects data throughout the school year to be included in the SHARRS report and works with district staff to ensure the accuracy of data submitted. ➢ Reports detailed objective data in school accident/incident reports on students and staff.

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Component	Failing	Needs Improvement	Proficient	Distinguished
4c: Communicating with Members of the School Community	➢ Provides little or no information to members of the school community.	➢ Provides accurate information to members of the school community when necessary.	➢ Provides accessible and accurate information to members of the school community on a consistent basis.	➢ Engages others in determining the information that would be of value to the larger school community and provides it in an accessible, effective, and accurate manner.
Evidence/Examples	➢ Provides no information to the Concussion Management Team. ➢ Refuses to provide data to the School Health Advisory Committee for their use in developing student wellness programs.	➢ Provides limited information to the Concussion Management Team. ➢ Provides minimal data to the School Health Advisory Committee for their use in developing student wellness programs.	➢ Provides information to the Concussion Management Team. ➢ Provides data to the School Health Advisory Committee for their use in developing student wellness programs.	➢ Actively participates in the Concussion Management Team, assisting with the development of individual student plans. ➢ Is an active member of the School Health Advisory Committee and routinely provides data for their use in developing student wellness programs.
4d: Participating in a Professional Community	➢ Is not a participating member of a professional community.	➢ Is a participating member of a professional community when requested to do so.	➢ Is an active participant among the professional community and actively maintains positive and productive relationships.	➢ Makes a substantial contribution to the professional community and assumes a leadership role.
Evidence/Examples	➢ Does not work collaboratively with community agencies in planning activities and workshops that pertain to health, wellness, and safety in the school environment.	➢ Does not independently seek out opportunities to work with community agencies in planning activities and workshops that pertain to health, wellness, and safety in the school environment.	➢ Works collaboratively with community agencies in planning activities and workshops that pertain to health, wellness, and safety in the school environment.	➢ Brings together community agencies in planning activities and workshops that pertain to health, wellness, and safety in the school environment.

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Component	Failing	Needs Improvement	Proficient	Distinguished
4e: Growing and Developing Professionally	➤ Does not engage in professional learning.	➤ Participates in required professional learning activities.	➤ Participates in both required and self-initiated professional development based upon strengths and needs.	➤ Actively pursues and develops professional development opportunities and makes a substantial contribution to the profession.
Evidence/Examples	➤ Does not belong to local, state, and national professional organizations. ➤ Does not enhance professional nursing practice or role performance by networking and interacting with peers and colleagues. ➤ Does not attend continuing education programs offered by professional organizations to keep current on emerging health issues affecting his/her student population and school community.	➤ Belongs to local, state, and national professional organizations, but does not participate in their activities. ➤ Minimally enhances professional nursing practice or role performance by networking and interacting with peers and colleagues. ➤ Does not attend continuing education programs offered by professional organizations, on a regular basis, to keep current on emerging health issues affecting his/her student population and school community.	➤ Maintains active member status in local, state, and national professional organizations. ➤ Enhances professional nursing practice or role performance by networking and interacting with peers and colleagues. ➤ Regularly attends continuing education programs offered by professional organizations to keep current on emerging health issues affecting his/her student population and school community.	➤ Belongs to and is seen as a leader in local, state, and national professional organizations. ➤ Enhances professional nursing practice or role performance by networking and interacting with peers and colleagues and serves as a mentor for new CSNs. ➤ Regularly attends continuing education programs offered by professional organizations to keep current on emerging health issues affecting his/her student population and school community and shares information gained with colleagues. ➤ Seeks opportunities to develop and/or present evidence-based content to colleagues.
4f: Demonstrating Professionalism	➤ Demonstrates inappropriate interactions with members of the school community* and violates principles of confidentiality.	➤ Is appropriate in interactions with members of the school community and protects confidentiality.	➤ Demonstrates high standards of honesty, integrity, and confidentiality when interacting with members of the school community.	➤ Demonstrates the highest ethical standards when interacting with and advocating for members of the school community.
Evidence/Examples	➤ Does not educate members of the school community about therapeutic and professional student-nurse relationships and role boundaries. ➤ Is unaware of, and does not adhere to, educational laws, health care laws, nursing ethics, federal or state regulations, and district policies relating to privacy and confidentiality.	➤ Provides minimal education to members of the school community about therapeutic and professional student-nurse relationships and role boundaries. ➤ Is aware of educational laws, health care laws, nursing ethics, federal or state regulations, and district policies relating to privacy and confidentiality.	➤ Educates members of the school community about therapeutic and professional student-nurse relationships and role boundaries. ➤ Adheres to educational laws, health care laws, nursing ethics, federal or state regulations, and district policies relating to privacy and confidentiality.	➤ Educates members of the school community and serves as a role model about therapeutic and professional student-nurse relationships and role boundaries. ➤ Adheres to educational laws, health care laws, nursing ethics, federal or state regulations, and district policies relating to privacy and confidentiality, and educates administrators and colleagues.

*School community includes students, staff, parents, and colleagues.

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