

SCHOOL NURSES

Specialized Service Providers Growth and Performance System (SSP GPS)

Specialized Service Providers (SSPs) at Denver Public Schools (DPS) are vital members of the educational team and have the knowledge and skills necessary to ensure that diverse student populations have equitable access to academic instruction and participation in school-related activities. SSPs are key staff members who play an integral role in successfully supporting the whole child.

OVERVIEW OF THE SSP GPS

The SSP GPS has been designed collaboratively with SSPs of all roles, school and central office leaders, and the Denver Classroom Teachers Association (DCTA). The system sets a clear and consistent level of effective practice to meet our shared goals of Support for the Whole Child and acceleration of achievement for all students.

The following roles, supported by the SSP GPS, directly empower Support for the Whole Child:

- School Counselors
- School Nurses
- School Psychologists and Social Workers
- DHH Itinerants
- Audiologists
- Deaf and Hard of Hearing Itinerants
- Educational Sign Language Interpreters
- Teachers of the Visually Impaired, and Orientation and Mobility Specialists
- Occupational Therapists and Physical Therapists

The SSP GPS provides a framework for our SSPs to identify areas of strength and growth through regular, meaningful feedback sessions with evaluators. The goal of the system is to support SSPs in their professional development towards meeting students' needs.

The framework is a growth tool that reflects the SSPs' role. The SSP and evaluator use the framework to gather a preponderance of evidence on the SSPs' practice throughout the school year during the school or business day. This means that an SSP and evaluator could have evidence to support alignment under Not Meeting, Approaching, Effective or Distinguished for different indicators, but fall within one of these areas for the overall rating.

The SSP GPS provides a holistic and comprehensive view of an SSP's practice by using the following multiple measures:

- **50% Professional Practice**—measured by the role-specific Professional Practice framework
- **50% Student Outcomes**—measured by Student Learning Objectives

As part of an evaluation using the Professional Practice framework, SSPs should expect to participate in check-in conversations throughout the year (Beginning-of-Year, Mid-Year and End-of-Year), as well as in ongoing meaningful conversations based on observation and/or review of service delivery. The frequency of the latter may vary greatly based on an SSP's specific role, interaction with students and time in the building. Moreover, the observation and review process must be discussed and agreed upon during Beginning-of-Year conversations.

BEGINNING-OF-YEAR CONVERSATIONS

Beginning-of-Year Conversations are crucial in supporting SSPs throughout the entire year. These discussions set the stage for the supportive relationship between an SSP and his/her evaluator, as well as define expectations for the year to come. This conversation should focus on areas of strength and growth. The overall goal is to support SSPs in their professional development so they can meet the needs of DPS students.

During this conversation, an SSP and his/her evaluator should discuss and agree upon:

- The SSP's role, ensuring it is focused on areas of greatest potential student impact in relation to the school, caseload and/or time in building, and population served.
 - Growth areas of focus for individual professional development.
 - The definition of effective performance and what it looks like.
 - How observation/data collection will be completed and documented.
 - Timing and process for sharing feedback throughout the year in support of an SSP's ongoing professional growth.
 - Student Learning Objectives (SLOs) for the year.
-

MID-YEAR CONVERSATIONS

Mid-Year Conversations are an opportunity for employees to provide updates on the services being provided to students, and for evaluators to discuss preliminary ratings, feedback on effectiveness and concrete next steps on how to improve performance.

This conversation should include the following:

- Review of progress in relation to agreements made in Beginning-of-Year Conversations.
- Review of feedback on the SSP's performance using behaviors at the indicator level.
- Identification of any change in focus for an SSP due to environmental factors (e.g., student populations, building, etc.).
- Reflection on strengths, growth areas and next steps for the SSP's development, and discussion on how the evaluator can support continued growth throughout the year.
- Review of observations and data points collected to date, ensuring that they match the agreed-upon plan, and finalizing the plan for the remainder of the year.
- Review of progress based on SLOs.

END-OF-YEAR CONVERSATIONS

In End-of-Year Conversations, evaluators and SSPs should discuss strengths, progress in growth areas, and data points that validate performance, along with the final overall rating. The conversation should also focus on clear and actionable next steps for professional learning opportunities, and on methods to improve performance in the coming year.

This conversation should include the following:

- Sharing feedback on an SSP's performance using behaviors at the indicator level (documented and provided to the SSP) and evidence collected throughout the year.
- Sharing ratings assigned at the expectation level based on evidence collected (documented in Infor HR).
- Reviewing SLO outcomes.
- Sharing an overall rating for the year (documented in Infor HR).
- Identifying strengths and growth areas for the SSP's development and actionable steps for future professional development.

End-of-Year SSP GPS ratings are granted at an expectation and overall level. However, evaluators should provide feedback for growth at an indicator level as this is the most actionable level for the SSP.

For reference throughout the document:

Communication is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

Services may include speech-language assessments, case management, special education evaluations/re-evaluation process, special education eligibility, and student accommodation.

Diversity includes race, ethnicity, gender, sexual orientation, socioeconomic status, language, mental and/or physical abilities (students with disabilities, gifted and talented), religion, age, political beliefs, etc. DPS places particular emphasis on the needs of students of color and students with disabilities in order to close achievement gaps for these groups of students.

Resources can be anything that is utilized to assist students in progress toward achievement of individualized student goals and/or mastery of the content-language objective(s), including: academic tools, language supports, media, technology and additional adults in the room. NOTE: Some resources should be available in multiple formats depending on student needs.

DPS FRAMEWORK FOR EFFECTIVE SCHOOL NURSES

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION	INDICATOR	
Demonstrates Mastery of and Expertise in the Domain for Which They are Responsible	1.A	Designs and incorporates developmentally appropriate evidence-based practices from research findings into services. ●
	1.B	Demonstrates knowledge of effective services that reduce barriers to and support learning across the home, school and community settings.
Establishes a Safe, Inclusive and Respectful Learning Environment	2.A	Demonstrates knowledge of, interest in and respect for diverse student communities and cultures in a manner that increases equity.
	2.B	Implements high, clear expectations for student behavior, including self-advocacy.
Plans, Delivers and Monitors Services that Facilitate Learning	3.A	Provides services and/or specially designed instruction aligned with state and federal laws, Denver Public Schools (DPS) regulations and procedures, and the individual needs of students. ● ●
	3.B	Utilizes multiple sources of data to identify the need for and design of services that meet the needs of individual students and schools. ● ●
	3.C	Monitors and adjusts services as needed to ensure continuous progress toward achieving academic standards, social and emotional goals of students, schools and the district. ● ● ●

DPS FRAMEWORK FOR EFFECTIVE SCHOOL NURSES

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION	INDICATOR	
Reflects on Practice	4.A	Demonstrates self-awareness, reflects on practice with self and others, and acts on feedback.
	4.B	Pursues opportunities for professional growth which contributes to student and school growth, and a culture of inquiry.
Demonstrates Collaboration, Advocacy and Leadership	5.A	Advocates for and engages students, families and the community in support of improved student achievement. ●
	5.B	Collaborates with school teams to positively impact student outcomes. ●
	5.C	Builds capacity among colleagues and demonstrates service to students, school, district and the profession.

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: READ: ● OBSERVE: ● INFORMATION LITERACY/TECHNOLOGY: ● CONVERSATION: ●

EXPECTATION: Demonstrates Mastery of and Expertise in the Domain for Which They are Responsible

INDICATOR 1.A: Designs and incorporates developmentally appropriate evidence-based practices from research findings into services*.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
School Nurses Behaviors	<ul style="list-style-type: none"> ● Has limited understanding of the relevance of normal developmental (cognitive, physical, emotional, behavioral) milestones related to student performance and learning. ● Has limited understanding of evidence-based practices and sources to obtain relevant current research. ● Lacks ability to locate and/or present information to corroborate current treatment practices. 	<ul style="list-style-type: none"> ● Understands the relevance of student development (cognitive, physical, emotional, behavioral) to student performance and learning. ● Can determine appropriate research evidence for appropriateness of treatment and provide resources** for teacher/staff when requested, but may not consistently base practice on it. ● Sometimes seeks research and professional resources when faced with new clinical situations. 	<ul style="list-style-type: none"> ● Consistently applies knowledge of student development (cognitive, physical, emotional, behavioral) to plan and implement health and educational service as evidenced by shifts in practice or communication*** techniques ● Consistently utilizes clinical guidelines and evidence based practices when providing school health services according to the National Association of School Nurses (NASN), the State Nurse Practice Act, the Denver Public Schools protocols and the Emergency Guideline Manual. ● ● Consistently shares clinical updates with colleagues and peers as evidenced by notification of health concerns of students to appropriate teachers and administrators. ● 	<p>In addition to “Effective”:</p> <ul style="list-style-type: none"> ● Demonstrates leadership amongst colleagues by sharing professional resources and providing professional knowledge to others. ● <p style="text-align: right;"><i>(Continued on next page)</i></p>

INDICATOR 1.A (Continued from previous page)

***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

**** Resources** can be anything that is utilized to assist students in progress toward achievement of individualized student goals and/or mastery of the content-language objective(s), including: academic tools, language supports, media, technology and additional adults in the room. NOTE: Some resources should be available in multiple formats depending on student needs.

*****Communication** is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

Sources of evidence may include:

- Individualized Education Programs (IEPs) and 504 Plans, recommendations
- Individual student health care plans
- Significant health list
- Formal and informal presentations at school staff meetings, IEP meetings, parent/teacher conferences, etc.
- Observation of the nurse with student populations of varying cognitive, physical, emotional or behavioral developmental levels.
- Infinite Campus (IC) health records

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: READ: ● OBSERVE: ● INFORMATION LITERACY/TECHNOLOGY: ● CONVERSATION: ●

EXPECTATION: Demonstrates Mastery of and Expertise in the Domain for Which They are Responsible

INDICATOR 1.B: Demonstrates knowledge of effective **services*** that reduce barriers to and support learning across the home, school, and community settings.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p style="text-align: center;">School Nurses Behaviors</p>	<ul style="list-style-type: none"> ● Rarely incorporates an understanding of medical and emotional factors that influence learning, and relevance of their services to reduce barriers to learning. ● Rarely able to implement effective health care planning necessary for students to safely access the educational environment. ● Demonstrates minimal engagement with staff/students and families. 	<ul style="list-style-type: none"> ● Usually implements health care plans and accommodations to reduce physical and mental health barriers for students to safely access their educational environment. ● Seeks opportunities to communicate** with staff, students and families regarding individual and community health concerns, but evidence of collaboration is not consistently apparent in health care planning, services and accommodations. 	<ul style="list-style-type: none"> ● Consistently seeks solutions and consults with team members to implement effective health care plans and/or services that reduce barriers for students to be present and available for instruction. ● ● Evidence of home/school collaboration is apparent in health care planning, services and accommodations. ● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> ● Initiates consistent collaboration with the school team to develop and implement health care plans that reduce barriers to learning and support student growth and academic achievement. ● ● Initiates formal or informal professional development activities for school staff, family or community to assist in the reduction of barriers for students. ● ● Consults with community agencies to heighten awareness of the school role in supporting student health and management of chronic conditions. ● <p style="text-align: right;"><i>(Continued on next page)</i></p>

INDICATOR 1.B (Continued from previous page)

***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

****Communication** is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Presentation to or In-Service for School Faculty, Staff or Department
- Individual student health care plans
- Consultation Records and Reports
- Information Letters or Materials to Parents and/or staff
- Contact Records or Communication Logs
- Formal and informal staff/student/family feedback
- Individual student and school performance reports
- IC health records

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION: Establishes a Safe, Inclusive and Respectful Learning Environment

INDICATOR 2.A: Demonstrates knowledge of, interest in and respect for **diverse*** student communities and cultures in a manner that increases equity.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p>School Nurses Behaviors</p>	<ul style="list-style-type: none"> Does not demonstrate understanding of differences between native and school cultures; native language is discouraged and/or nurse insists on student assimilation to school cultures without support or respect for native cultures. Does not provide representation of student cultures, the culture of disability, community, family and/or background** in services***. Does not provide representation of student cultures, the culture of disability, community, family and/or background** in services***. Dismisses, ignores or inappropriately handles cultural and diversity issues. 	<ul style="list-style-type: none"> Interacts with students, staff and/or families in ways that accept student cultural preferences and native languages that may be different from their own. Limited evidence of student cultures, the culture of disability, community, family and/or background is present in services. Attempts to address cultural and diversity issues in services. 	<ul style="list-style-type: none"> Consistently interacts with students, staff and/or families in ways that validate, respect and encourage their cultural preferences and native languages that may be different from their own. ● Varied cultural perspectives (e.g., student cultures, the culture of disability, community, family, background, etc.) are represented in services as evidenced by IEPs, 504 Plans and/or health care plans. ● Addresses student cultural and diversity issues in ways that reduce the negative impact of student biased behaviors, should those situations arise. ●● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> Cultivates student ability to understand and discuss health related barriers to equitable academic access. ● <p style="text-align: right;"><i>(Continued on next page)</i></p>

INDICATOR 2.A (Continued from previous page)

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION: Establishes a Safe, Inclusive and Respectful Learning Environment

INDICATOR 2.A: Demonstrates knowledge of, interest in and respect for **diverse*** student communities and cultures in a manner that increases equity.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p>Staff, Student or Family Behaviors</p>	<ul style="list-style-type: none"> ● Students display apathy, isolation, embarrassment or fear, indicating they do not feel comfortable and/or safe. ● Staff members are not able to identify key points of understanding related to disabilities and awareness of their impact in different academic environments. ● Staff members are not able to identify key points of understanding related to the impact of cultural approaches to the student disability in different academic environments. 	<ul style="list-style-type: none"> ● The level of student participation and engagement indicates that some students feel comfortable and/or safe. ● Staff is able to identify limited key points of understanding related to disabilities and awareness of their impact in different academic environments. ● Staff is able to identify limited key points of understanding related to the student disability in different academic environments. 	<ul style="list-style-type: none"> ● High level of student participation and engagement (e.g., body language, attention, interest, etc.) indicates that students feel comfortable and safe. ● ● Staff is able to articulate knowledge of student disability across the different academic environments. ●● ● Staff is able to articulate impact of cultural approaches to the student disability across different academic environments. ● 	<ul style="list-style-type: none"> ● Students share their disability perspectives. ●● ● Students and/or family appear comfortable questioning their plan of care and expressing dissenting viewpoints in respectful ways. <p style="text-align: right;"><i>(Continued on next page)</i></p>

INDICATOR 2.A (Continued from previous page)

* **Diversity** includes race, ethnicity, gender, sexual orientation, socioeconomic status, language, mental and/or physical abilities (students with disabilities, gifted and talented), religion, age, political beliefs, etc. DPS places particular emphasis on the needs of students of color and students with disabilities in order to close achievement gaps for these groups of students.

** **Background** is a generic term that can include many dimensions of a student's life, for example: ethnicity, religion, language, sexual orientation, gender identity, disability, citizenship status, family composition, living arrangements, etc.

*****Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- Consultation Records and Reports
- School Nurse Contact Records
- Use of anti-bullying curriculum
- Address Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) concerns

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: READ: ● OBSERVE: ● INFORMATION LITERACY/TECHNOLOGY: ● CONVERSATION: ●

EXPECTATION: Establishes a Safe, Inclusive and Respectful Learning Environment

INDICATOR 2.B: Implements high, clear expectations for student behavior, including self-advocacy.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p>School Nurses Behaviors</p>	<ul style="list-style-type: none"> Does not understand that students need to employ critical thinking, self-advocacy and problem solving skills related to health outcomes. Expectations for student behavior are not stated and responses to inappropriate behavior seem random. Focuses only on correcting inappropriate behavior of students. Responses to inappropriate behavior are rarely equitable, respectful of student dignity/cultural differences and/ or are not sensitive to student needs (including any disability). Rituals and routines do not exist resulting in mishandling of resources* and/or loss of instructional time. 	<ul style="list-style-type: none"> Assists in the development of individualized goals for students that promote critical thinking, self-advocacy, leadership and/or problem solving skills related to health outcomes. Expectations for student behavior are either inconsistently stated or applied. Focuses on inappropriate behavior of students but occasionally recognizes positive behavior. Responses to inappropriate behavior are inconsistently equitable, respectful of student dignity/ cultural differences and/ or are not sensitive to student needs (including any disability). Rituals and routines are somewhat clear to students; teacher needs to remind students of these routines, resulting in occasional mishandling of resources and/or loss of instructional time. 	<ul style="list-style-type: none"> Systematically and explicitly teaches self advocacy, critical thinking and/or problem solving skills related to health outcomes. ● High expectations for student behavior are clearly taught, consistently communicated** and equitably applied to all students. ● Focuses on the positive behavior of students and intentionally recognizes positive behavior to reinforce expectations. ● Responses to inappropriate behavior are equitable, respectful of student dignity/cultural differences and are sensitive to student needs (including any disability). ● Clear rituals and routines make transitions and handling of resources efficient, maximizing instructional time. ● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> Provides minimal management or reminders to handle groups, transitions and resources because students have internalized procedures and routines. ● Self-advocacy instruction is present in all interactions with students. ● Provides mentoring support or training to staff in how to effectively support students with health needs. <p><i>(Continued on next page)</i></p>

INDICATOR 2.B (Continued from previous page)

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION: Establishes a Safe, Inclusive and Respectful Learning Environment

INDICATOR 2.B: Implements high, clear expectations for student behavior, including self-advocacy

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p>Staff, Student or Family Behaviors</p>	<ul style="list-style-type: none"> • Student misbehavior consistently detracts from others' care. • Students display anger, embarrassment, sadness or fear due to nurse's disrespectful or unfair response to their behavior. 	<ul style="list-style-type: none"> • Student misbehavior sometimes detracts from others' care. • Students follow classroom rituals and routines with nurse's prompting. 	<ul style="list-style-type: none"> • Student behavior rarely detracts from others' care. ● • Students follow rituals and routines with nurse's prompting. ●● • Staff is fully trained to effectively support students. 	<ul style="list-style-type: none"> • Students prompt each other to follow rituals and routines in the health office. ●● • Students and families demonstrate strong self-advocacy and problem solving skills in managing their health needs. ● • Students and/or families self-advocate in working with the school nurse to set individual goals. ●

* **Resources** can be anything that is utilized to assist students in progress toward achievement of individualized student goals and/or mastery of the content-language objective(s), including: academic tools, language supports, media, technology and additional adults in the room. NOTE: Some resources should be available in multiple formats depending on student needs.

****Communication** is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- Consultation Records and Reports
- School Nurse Contact Record

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION: Plans, Delivers and Monitors Services that Facilitate Learning

INDICATOR 3.A: Provides **services*** and/or specially designed instruction aligned with state and federal laws, Denver Public Schools (DPS) regulations and procedures, and the individual needs of students.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p style="text-align: center;">School Nurses Behaviors</p>	<ul style="list-style-type: none"> ● Has limited understanding of national and/or state laws and/or district policies that govern students with disabilities, specialized education programs and the rights of the disabled. ● Has difficulty independently identifying and prioritizing student health needs. ● Rarely demonstrates an understanding of individualized education programs, Health Plans, 504 Plans and other federal/state/local practices. ● Rarely provides services as mandated by student IEPs or provides inappropriate services. ● Rarely clearly explains health related educational rights to students/families. 	<ul style="list-style-type: none"> ● Participates in the development of Health Plans, IEPs, 504 Plans and other federal/state/local practices. ● Provides services and aligns interventions that are individualized and aligned with legal and district requirements. ● Provides appropriate services as mandated by student IEPs. ● Can provide documentation of services and their effectiveness. ● Sometimes clearly explains health related educational rights to students/families. 	<ul style="list-style-type: none"> ● Consistently modifies, adapts and provides services related to Health Plans, IEPs, 504 Plans and other federal/state/local practices. ● Collaborates with stakeholders regarding federal/state/local practices to individualize services for students (i.e., taking into account the individual health and academic needs of students). ●● ● Consistently clearly explains health related educational rights to students/families. 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> ● Provides training for students and families to assist them in understanding how interventions are intended to enable students to be present and available for instruction. ● <p style="text-align: right;"><i>(Continued on next page)</i></p>

INDICATOR 3.A (Continued from previous page)

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION: Plans, Delivers and Monitors Services that Facilitate Learning

INDICATOR 3.A: Provides **services*** and/or specially designed instruction aligned with state and federal laws, Denver Public Schools (DPS) regulations and procedures, and the individual needs of students.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p>Staff, Student or Family Behaviors</p>	<ul style="list-style-type: none"> Students, staff and/or families are unaware of the services which are being provided. Students, staff and/or families rarely communicate** regarding available services and progress towards health goals. 	<ul style="list-style-type: none"> Some students, staff and/or families are aware of some services being provided. Student, staff and/or families occasionally communicate regarding available services and progress towards health goals. 	<ul style="list-style-type: none"> Students, staff and/or families are aware of health services available. ● Students, staff and/or families regularly communicate regarding available services and progress towards health goals. ●● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> Students and/or families demonstrate an understanding of their health needs and/or educational rights through access to instruction as required by law through self-advocacy. ●

***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

****Communication** is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- Consultation Records and Reports
- School Nurse Contact Records

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: READ: ● OBSERVE: ● INFORMATION LITERACY/TECHNOLOGY: ● CONVERSATION: ●

EXPECTATION: Plans, Delivers and Monitors Services that Facilitate Learning

INDICATOR 3.B: Utilizes multiple sources of data to identify the need for and design of **services*** that meet the needs of individual students and schools.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
School Nurses Behaviors	<ul style="list-style-type: none"> Rarely considers the reliability and validity of assessment tools used to assess individuals, families and systems/organizations to inform services. Does not collect data from multiple sources. Does not write appropriate goals for student identified needs and developmental (cognitive, physical, emotional, behavioral) levels. 	<ul style="list-style-type: none"> Inconsistently plans, selects and administers multiple valid and reliable formal and/or informal assessment tools. Inconsistently interprets formal and informal medical history to inform care. Inconsistently writes reports reflecting that assessment tools inform services and instruction. The reports are not easily understood by stakeholders. 	<ul style="list-style-type: none"> Consistently plans, selects and administers multiple valid and reliable formal and/or informal assessment tools. ● Consistently effectively communicates** assessment results to colleagues, parents and students as appropriate. ● Consistently writes reports reflecting that assessment tools inform services and instruction. The reports are easily understood by stakeholders. ● Consistently encourages students and family to provide health data to contribute to the design of services. 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> Uses data to develop individualized instruction or school-wide initiatives. ●● Provides evidence of collaboration, integrated plan and student participation and concurrence with the plan. ●
Staff, Student or Family Behaviors	<ul style="list-style-type: none"> Students, staff and/or families rarely communicate regarding services provided and progress towards health goals. 	<ul style="list-style-type: none"> Students, staff and/or families occasionally communicate regarding services provided and progress towards health goals. 	<ul style="list-style-type: none"> Students, staff and/or families regularly communicate regarding services provided and progress towards health goals. ●● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> Students demonstrate an understanding of their health needs. ● Students and families participate in the design of health service as appropriate. ●● <p style="text-align: right;"><i>(Continued on next page)</i></p>

INDICATOR 3.B (Continued from previous page)

***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

****Communication** is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- Consultation Records and Reports
- School Nurse Contact Records
- IC health records
- Colorado Immunization Information System (CIIS) health records

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: READ: ● OBSERVE: ● INFORMATION LITERACY/TECHNOLOGY: ● CONVERSATION: ●

EXPECTATION: Plans, Delivers and Monitors Services that Facilitate Learning

INDICATOR 3.C: Monitors and adjusts **services*** as needed to ensure continuous progress toward achieving academic standards, social and emotional goals of students, schools and the district.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
School Nurses Behaviors	<ul style="list-style-type: none"> Unable to appropriately interpret data on student progress. Rarely modifies activities to appropriately challenge students at their developmental (cognitive, physical, emotional, behavioral) skill levels. Rarely makes the connection between data and services. 	<ul style="list-style-type: none"> Uses multiple sources of data to monitor student progress. Modifies activities as needed to appropriately challenge students at their developmental skill levels. Consults with others about student progress. Understands how data can be used to adjust and differentiate services. 	<ul style="list-style-type: none"> Integrates data from multiple sources to continually monitor progress and provide recommendations to improve services. ●● Collaborates with other colleagues to monitor progress of students towards achieving individualized health goals. ● Consistently implements an integrated plan of care and engages the students, families, care providers, district and school personnel. ● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> Integrates health promotion, education and prevention activities for students making routine health office visits. Collaborates with team members and students about data regarding effectiveness of interventions and teaches students to monitor individual progress. ●
Staff, Student or Family Behaviors	<ul style="list-style-type: none"> Staff is not provided with any information regarding student care plan. Students receiving health services and/or their families rarely participate in discussions about progress. 	<ul style="list-style-type: none"> Staff and families are provided with progress reports one or two times per year. Students receiving health services and/or their families occasionally participate in discussions about progress. 	<ul style="list-style-type: none"> Staff monitors and documents progress based on planning as defined by the nurse. ●● Students receiving health services and/or their families regularly participate in discussions about progress. ●● Staff is aware of emergent student health needs and is consistently able to provide support as needed. ●● 	<ul style="list-style-type: none"> Staff, students and/or families can monitor and document progress. ●●● <p style="text-align: right;"><i>(Continued on next page)</i></p>

INDICATOR 3.C (Continued from previous page)

***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- Consultation Records and Reports
- School Nurse Contact Records

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: READ: ● OBSERVE: ● INFORMATION LITERACY/TECHNOLOGY: ● CONVERSATION: ●

EXPECTATION: Reflects on Practice

INDICATOR 4.A: Demonstrates self-awareness, reflects on practice with self and others, and acts on feedback.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
School Nurses Behaviors	<ul style="list-style-type: none"> ● Rarely reflects on the effectiveness of services*. ● Unreceptive to feedback. ● Demonstrates minimal improvement despite valuable feedback/coaching. ● Rarely acknowledges, in a safe environment, their own biases/limitations impacting their practice. 	<ul style="list-style-type: none"> ● Reflects on the effectiveness of services, but insights and/or changes in practice are limited. ● Open to receiving valuable feedback from others. ● Inconsistently shifts practice in response to valuable feedback. ● Examines their own biases/perceptions/practices to understand their impact upon teaching and learning. ● Examines their own biases or perceptions to understand how they may be impacting their professional practice and service delivery 	<ul style="list-style-type: none"> ● Consistently reflects on the effectiveness of services and modifies future service planning/delivery as needed. ● Asks for and is consistently open to feedback. ● ● Consistently shifts services after receiving valuable feedback from others to increase effectiveness. ● ● Consistently reflects on their own biases/perceptions/practices and mitigates impact of personal bias on others. ●● ● Consistently reflects on their own biases/perceptions and mitigates the negative impact on others. 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> ● Models self-reflection for others, encouraging a culture of improvement. ● ● Actively solicits and acts on feedback from multiple sources. ● ● Helps to lead or develop cultural competence practices. ●● <p><i>(Continued on next page)</i></p>

INDICATOR 4.A (Continued from previous page)

***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- IC Nursing and/or ad hoc Reports
- Consultation Records and Reports
- School Nurse Contact Records

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: READ: ● OBSERVE: ● INFORMATION LITERACY/TECHNOLOGY: ● CONVERSATION: ●

EXPECTATION: Reflects on Practice

INDICATOR 4.B: Pursues opportunities for professional growth which contribute to student and school growth and to a culture of inquiry.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
School Nurses Behaviors	<ul style="list-style-type: none"> Rarely reflects on individual performance data. Attends required professional development activities, but is disinterested and/or rarely participates. 	<ul style="list-style-type: none"> Reflects on individual performance data when requested, but inconsistently prioritizes personal learning. May participate in professional learning, but inconsistently applies beneficial strategies. 	<ul style="list-style-type: none"> Reflects on individual performance data and takes ownership of professional learning needs by self-identifying learning opportunities that support personal growth. ● Actively participates in professional learning activities and implements the knowledge gained from these opportunities. ●● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> Contributes to a culture of inquiry by sharing effective, evidence-based professional practice strategies/literature, conducting action research and engaging in collaborative inquiry around problems of practice. ●● Has a long-term Professional Development Plan (PDP) designed to meet professional goals. ●

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- Consultation Records and Reports
- School Nurse Contact Records
- IC Nursing and/or ad hoc Reports
- PDUs

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: READ: ● OBSERVE: ● INFORMATION LITERACY/TECHNOLOGY: ● CONVERSATION: ●

EXPECTATION: Demonstrates Collaboration, Advocacy and Leadership

INDICATOR 5.A: Advocates for and engages students, families and the community in support of improved student achievement.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p style="text-align: center;">School Nurses Behaviors</p>	<ul style="list-style-type: none"> ● Inconsistently communicates* with families and/or communicates about students in formats that may be inaccessible to families. ● Contact with families limited to conveying concerns. ● Rarely displays understanding or empathy toward families that are not from the same background**. 	<ul style="list-style-type: none"> ● Communicates with families about basic services.*** ● Presents school-related celebrations and/or concerns to families. ● Invites families and community members, but inconsistently fosters a sense of belonging. ● Listens to student concerns, but is inconsistently solution-oriented. 	<ul style="list-style-type: none"> ● Communicates in a timely, user-friendly manner to students and families about health and student progress. ●● ● Engages in meaningful dialogue with families where information is respectfully shared for the purpose of improving student health and academic growth. ● ● Makes families and community members feel welcomed and valued. ●● ● Advocates for individualized student needs within the school community. ● 	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> ● Participates in meaningful collaborative opportunities to improve school climate, culture and academic learning. ● ● Puts additional structures in place to regularly involve families in student learning and achievement. ● <p style="text-align: right;"><i>(Continued on next page)</i></p>

INDICATOR 5.A (Continued from previous page)

***Communication** is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

** **Background** is a generic term that can include many dimensions of a student's life, for example: ethnicity, religion, language, sexual orientation, gender identity, disability, citizenship status, family composition, living arrangements, etc.

*****Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- IC Nursing and/or ad hoc Reports
- Consultation Records and Reports
- School Nurse Contact Records

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION: Demonstrates Collaboration, Advocacy and Leadership

INDICATOR 5.B: Collaborates with school teams to positively impact student outcomes.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
<p style="text-align: center;">School Nurses Behaviors</p>	<ul style="list-style-type: none"> ● May attend meetings, but is indifferent/inattentive to information shared. ● Works in isolation and/or rarely shares information about students. ● Infrequently collaborates with others when school time is provided. ● Rarely engages when provided opportunities to contribute to school climate and cultures. ● Regularly disregards school and/or district policies/procedures. ● Often demonstrates inflexibility in dealing with issues and people. 	<ul style="list-style-type: none"> ● Attends team meetings; is attentive, conveys interest and sometimes contributes to team efforts. ● Actively listens and receives information, but may not share appropriate information with colleagues. ● May collaborate when appropriate with others to meet the needs of some students by participating in scheduled meetings and providing requested information. ● Sometimes contributes to building trust among peers and to an environment that is reflective of the DPS Shared Core Values. ● Generally adheres to school and district policies/procedures. ● Typically acts professionally but occasionally expresses disagreement tactlessly. 	<ul style="list-style-type: none"> ● Consistently contributes to the team by setting shared goals, analyzing/comparing data, collectively solving problems, sharing successful strategies and implementing possible solutions. ●● ● Shares appropriate information about students. ● ● Collaborates effectively with others to meet the needs of students by participating in scheduled meetings and/or providing requested information. ● ● Builds trust among peers and contributes to an environment that is reflective of the DPS Shared Core Values. ●● ● Collaboratively examines and thoughtfully implements school and district policies/procedures. ● Offers constructive solutions when challenging practices and ideas that are not in support of the DPS Shared Core Values. ●●● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> ● Builds team capacity and drives team effectiveness. ● ● Clear leader among peers and stakeholders. ●● ● Creates and actively seeks opportunities that contribute to a positive school and/or departmental climate and culture. ●

(Continued on next page)

INDICATOR 5.B *(Continued from previous page)*

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- IC Nursing and/or ad hoc Reports
- Consultation Records and Reports
- School Nurse Contact Records

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

KEY TO SYMBOLS: **READ:** ● **OBSERVE:** ● **INFORMATION LITERACY/TECHNOLOGY:** ● **CONVERSATION:** ●

EXPECTATION: Demonstrates Collaboration, Advocacy and Leadership

INDICATOR 5.C: Builds capacity among colleagues and demonstrates service* to students, school, district and the profession.

Observable Evidence	NOT MEETING	APPROACHING	EFFECTIVE	DISTINGUISHED
School Nurses Behaviors	<ul style="list-style-type: none"> Rarely takes an active role in defining their role and/or it is not implemented in support of student health outcomes. Rarely engages staff in effective learning opportunities as appropriate. Backs away from opportunities to build school cultures reflective of the DPS Shared Core Values. 	<ul style="list-style-type: none"> Role is clearly defined but impact is below that expected for it in support of student health outcomes. Engages staff in training that facilitates collection, utilization or analysis of health data as appropriate. Accepts opportunities to build school cultures reflective of the DPS Shared Core Values. 	<ul style="list-style-type: none"> Clearly defines their role in collaboration with school/department/community leadership in support of student health outcomes. ● Builds capacity by engaging staff in training that facilitates collection, utilization and analysis of health data as appropriate. ●● Seeks opportunities to build school cultures reflective of the DPS Shared Core Values. ●● 	<p><i>In addition to "Effective":</i></p> <ul style="list-style-type: none"> Models effective roll-out of school/district initiatives and actively encourages staff shared ownership. ●● Builds capacity among colleagues to deconstruct and reconstruct social and cultural frameworks in order to promote greater equity. ●● Works in collaboration with the school/department leadership team to design, implement and/or improve upon systems. ●●

*Services may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other special education related tasks.

Sources of evidence may include:

- IEPs and 504 Plans, recommendations
- Training and delegation Documentation
- Individual student health care plans
- Information Letters or Materials to Parents and/or staff
- Consultation Records and Reports
- School Nurse Contact Records
- IC Nursing and/or ad hoc Reports