|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | **Resource to FPS Rubric for Specialized Instructional Support Personnel (SISP)****(Implementation Support for School Nurses)** |
|  |
|  |
|  |  |

### Use of this Resource Document for School Nurses

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)](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=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.
* **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, o*r *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 EngagementElement (2) can be referred to as *Element II-A-2*

**Specialized Instructional Support Personnel (SISP) Rubric School Nurse Adaption**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | **A. Instruction Indicator**1. Quality of Effort and Work2. Student Engagement |  | **A. Reflection Indicator**1. Reflective Practice |
| **B. Assessment Indicator**2. Adjustments to Practice | **B. Learning Environment** **Indicator**1. Safe Learning Environment |  |  |
|  | **C. Cultural Proficiency Indicator**1. Respects Differences | **C. Communication Indicator**1. Two-Way Communication | **C. Collaboration Indicator**1. Professional Collaboration |
|  | **D. Expectations Indicator**1. Clear Expectations2. High Expectations |  |  |
|  |  |  |  |
|  |  |  |  |

**School Nurses Adaptation**

|  |
| --- |
| **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.** |
| **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.  |
| **I-A. Elements** | **Proficient** | **Knowledge, Skills, & Responsibilities** | **Some Potential Examples of Evidence**  |
| I-A-1.Professional Knowledge  | *Demonstrates sound knowledge and understanding of professional content optimize student health and enable students to acquire knowledge and skills.* | * 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.
 | * Shares clinical updates with colleagues; *Shares educational findings, experiences and ideas with peers (NASN scope and standards or practice for School Nursing, 2011)*
* Develops a nursing plan and/or collaborates to create a 504 or IEP that addresses new health issues and revises the IHCP, 504 or IEP 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.
* Teaches students developmentally appropriate self-care skills for infection control, diabetes care, asthma care, life threatening allergies, puberty, nutrition, hygiene, oral hygiene, hand washing, sun safety, self-esteem, self advocacy (lesson plans/documents, observations).
* Visuals (posters, equipment) in the health office are developmentally appropriate (observation of work environment).
 |

|  |
| --- |
| **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-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 health assessment data and systematically adjusts nursing practice to promote and improve student learning, growth and development.
* Individually and working with colleagues, analyzes and forms appropriate conclusions of health data to improve student learning, growth and development
 | * Electronic Health Records are current and complete
* Completes and submits mandated reports to DPH
* Implements health promotion programs or shares relevant health information with school staff, dependent on health needs assessment of the student population, e.g. related to diabetes, seizures, life threatening allergies, infection control, asthma, cardiac issues, substance abuse, self-harm, nutrition, etc
* Works to obtain referral returns from screenings in a timely manner
* Works to increase return to class rate, decrease time in health office (documented in student health records, communication with parents)
* Works with building emergency response team
* Is able to appropriately triage and prioritize student health encounters and strives to minimize unnecessary waiting time for assessment and treatment.
* Works with school team to identify students with potential health concerns and/or emotional/behavioral issues and to establish a plan to address these concerns with parents and/or appropriate school staff.
* Is aware of and attends(when available) health related 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.
* Reviews health reports and data and shares interpretations and recommendations with the school team for classroom plans, 504, Individual Emergency Plans, or other school based plans..
* Provides meaningful input for creating individual student plans and implementing short/long term accommodations for students with health conditions
* Analyzes data about playground and physical education injuries . Makes recommendations to optimize safety measures
* Reviews both individual and school-wide absentee lists with the team for illness trends when indicated
 |

|  |
| --- |
| **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 Care | *Consistently defines high expectations for student care 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/**or** group activities that address issues such as healthy lifestyles, risk reducing behaviors, developmental needs, and preventiveand/or medically necessaryself-care(nurse records, school calendar of activities, observation**,** bulletin boards, visuals).
 |
| 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 office visit*  | * Consistently uses a variety of strategies to motivate and encourage students .
* Consistently demonstrates, evaluates and documents response to interventions.
* Engages students in active learning to promote healthy lifestyle.
 | * Examples may include health reporting on school cable networks, developmentally appropriateuse of iPads, or technology , bulletin board development, individual or small group teaching and peer connections, self-care of illness, injury, diabetes, asthma, vision problems or other like concerns.
* Documents and shares health data with health care providers (e.g. blood glucose outcomes sent to endocrinologists) when indicated
 |

|  |
| --- |
| **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 environment where students take risks and most behaviors that interfere with learning are prevented.* | * Consistently maintains and organizes an orderly atmosphere within the health office to create a safe environment.
* Consistently creates and maintains an appropriate climate for addressing the health needs of students ensuring confidentiality.
 | * Maintains current immunization records.
* Makes safety recommendations for immunocompromised students
* Identifies and makes recommendations to address environmental safety concerns
* Shares and enforces illness policy for staff and students
* Makes appropriate referrals for illnesses and injuries
* 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
 |

|  |
| --- |
| **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.RespectsDifferences | *Consistently uses strategies and practices that are likely to enable students to demonstrate respect for and affirm their own and other's’ differences related to background, identity, language, strengths, and challenges.*  | * Consistently recognizes and protects the students’ autonomy, dignity, rights, values, beliefs and cultural diversity while delivering nursing care .
 | * Maintains confidentiality and modifies care due to individual and family religious, cultural, language, gender identity, sexuality, disability and other beliefs.
* Understands cultural values and beliefs and is sensitive to differences when interacting with students and their families
* Interacts with students, parents, families, and colleagues in a positive and respectful manner
 |

|  |
| --- |
| **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 care 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.
 | * Delivers developmentally appropriate care
* 504, IEP, IHCP or plan of care clearly communicates health plans for students with chronic health issues
* Models and enforces expected office behavior
* Models or offers verbal or visual prompts for care for students
* Is knowledgeable of regulations related to medication administration, medical treatments and other services as provided in the school setting.
 |
|  II-D-2.High Expectations | *Eff Effectively models and reinforces ways that students can set and accomplish challenging goals through effective effort and education* | * Consistently adapts heath teaching methods and information by introducing alternative modalities when needed. They may include: technology, written materials or pictures, verbal reinforcement, supervised practice and any other teaching modality. .
* Works collaboratively with students and staff to promote and maintain optimal health and wellness.
 | * Successfully demonstrates to students developmentally appropriate health topics such as: epipen administration, inhaler use, blood glucosetesting, cough etiquette, and other health and wellness topics**.**
 |

|  |
| --- |
| **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-C.** Communication: Engages in regular, two-way, and culturally proficient communication with families as needed about student learning, behavior and wellness; communicates with providers and community agencies as needed to support student care, health and safety in the school environment. |
| **III-C. Elements** | **Proficient** | **Knowledge, Skills, & Responsibilities** | **How it might look** **& Potential Sources of Evidence** |
| III-C-1.Two-WayCommunication  |  *Uses two-way communication with families about student health. Responds in a timely manner 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 when appropriate. Works with school team and family to develop plans to address the student’s needs.
 | * Communicates with parents/guardians regarding significant injury or illness they should be made aware of and refers to medical provider when indicated.
* Works with staff members to identify students and works with the team in the appropriate referral of these students, such as contacting mobile crisis intervention provider.
* Demonstrates positive, respectful interactions with families; responds in a timely manner to parent calls and other requests for information
* Interactions, interventions and health outcomes are documented in health record
* Provides parents/guardians with appropriate notification of mandated health screenings as per regulations.
* Provides reports of outcomes of screenings, according to DPH requirements, that are outside of normal limits to parents in a timely manner
* Responds to parent concerns in a timely manner
 |

|  |
| --- |
| **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. 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 or individual plans of care.
* Reflects on clinical skills and identifies areas of need to enhance knowledge of specific clinical skill.
* Identifies and develops skills to enhance communication techniques with parents/families.
 | * Reviews health office data, including return to class rate and number and type of health office visits to determine strategies for improving outcomes.
* Collaborates with staff to identify health related absence trends
* Reviews data and adjusts practice when appropriate
* Updates IHCP, Individual plan of care, 504 and IEP with the team when indicated
* Self-assessment identifies areas of strength and areas for growth
 |

|  |
| --- |
| **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 health related performance. Develops appropriate health care interventions at the classroom or school level.* | * Collaborates with administration and staff through meetings and membership in student support teams, crisis teams, and wellness committees.
* Develops IHCP, individual plans of care, and/or assists with development of Individual Educational Plans or 504 plans.
* Collaborates with counselors, social workers, and other specialized instructional support personnel.
 | * Attends meetings with district and school staff and is considered an integral member of the educational team.
* Member of Crisis Team, School Health Advisory Council, Wellness Committee or makes appropriate recommendations to the committee members
 |