



School Nurse Assessment and Support Program

Self-Assessment / Area of Investigation

309 South K Street • Oxnard, California 93030 • 805.385.2500 • FAX 805.385.25

Name: \_\_\_\_\_ Site: \_\_\_\_\_

If you are not on cycle, complete #1 and sign indicating you have completed your self-assessment. If you are on cycle, complete #1, #2, and #3, sign that you have completed your self-assessment, and plan to meet with an administrator.

1. Please write in the date you completed your Self-Assessment.
  
2. If you are on cycle, circle your TASP option.
  - Administrative Mandate (all 1<sup>st</sup> and 2<sup>nd</sup> year teachers)
  - Administrative Option (by choice)
  - Portfolio Option
  - Partner Option Write in Partner's name: \_\_\_\_\_
  
3. After reflecting on your Self-Assessment, please list below the area(s) you intend to investigate during this school year. First and second year teachers are expected to address all 7 domains (two per observation).
  - \_\_\_ Domain 9: Management
  - \_\_\_ Domain 10: Interdisciplinary Collaboration Within The School
  - \_\_\_ Domain 11: Health Education
  - \_\_\_ Domain 12: Professional Development
  - \_\_\_ Domain 13: Community Health
  - \_\_\_ Domain 14: Policies, Statutes & Regulations
  - \_\_\_ Domain 15: Nursing Process

Administrator Comments:

Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Students First: Every Day, Every School, Every Classroom*

Adolfo Camarillo • Channel Islands • Frontier • Hueneme • Oxnard • Pacifica • Rio Mesa • Adult School