Professional Development Plan (Required) School Year:_____ Position/Subject Name: Area: School:______NC Professional School Nursing Standards 1. Demonstrates leadership. Standard(s) to be addressed: 2. Establishes a safe, respectful, and inclusive environment for diverse populations. 3. Applies the skills and knowledge of their profession Elements to be addressed: facilitate and enhance competent practice in school settings. 4. Facilitates student learning by providing individualized care using the nursing process. 5. Reflects on practice. School Nurse's Strategies Goals for Elements Activities/Actions Expected Outcomes and Resources Needed Timeline **Evidence of Completion** Goal 1: Goal 2: School Nurse's Signature: Date: Administrator's Signature: Date:

Professional Development Plan - Mid-Year Review (Required)

To be completed by (date)	
School Nurse:	Academic Year:
Evidence of Progress Toward Spec	cific Standards or Elements to be Addressed/Enhanced
L Narrative	
School Nurse's Comments:	Administrator's Comments:
School Nurse's Signature:	Administrator's Signature:
Date:	Date:

Professional Development Plan - End-of-Year Review (Required) To be completed by (date) _____ School Nurse:_____ Academic Year:_____ **Evidence of Progress Toward Specific Standards or Elements to be Addressed/Enhanced Progress Toward Achieving Goals** Goal 1 was successfully completed. Yes \square No \square Goal 2 was successfully completed. Yes \Box No \Box Narrative School Nurse's Comments: Administrator's Comments: School Nurse's Signature: Administrator's Signature:

Date:

Date: