

Marin Community College District

HEALTH CENTER NURSE PERFORMANCE OBSERVATION FORM

Evaluator will indicate which items appeared during the observation by checking the appropriate line.

Check if
Observed

Notes and Comments

<input type="checkbox"/>	provides information or access to information regarding health services available on campus or in the community	<hr/> <hr/>
<input type="checkbox"/>	provides information or access to information regarding mental health facilities when appropriate	<hr/> <hr/>
<input type="checkbox"/>	provides health counseling	<hr/> <hr/>
<input type="checkbox"/>	develops working relationships with clients	<hr/> <hr/>
<input type="checkbox"/>	is attentive to clients	<hr/> <hr/>
<input type="checkbox"/>	attempts to understand clients needs	<hr/> <hr/>
<input type="checkbox"/>	provides the client with time to express his/her needs	<hr/> <hr/>
<input type="checkbox"/>	provides an opportunity for follow-up meetings	<hr/> <hr/>
<input type="checkbox"/>	protects the privacy of the client	<hr/> <hr/>
<input type="checkbox"/>	provides emotional support when appropriate	<hr/> <hr/>
<input type="checkbox"/>	provides up-to-date health information	<hr/> <hr/>
<input type="checkbox"/>	provides appropriate forms required by the client	<hr/> <hr/>
<input type="checkbox"/>	provides appropriate medical services as provided by law and District policy	<hr/> <hr/>

Evaluee: _____ **Date and time visited:** _____

Signature of evaluator: _____

This form is to be attached to the "Evaluation Report" that is signed by the evaluee and the faculty advisor.