

Washoe County School District Student Health Services

Evaluation of School Nurse Orientation Program

Date:

Name (optional):

Indicate the accuracy of the following statements, with “0” meaning that the statement is completely inaccurate, and “4” meaning that the statement is highly accurate:

1. Having a nurse mentor assigned to work with me individually helped me to feel more confident during the first two weeks on the job.
0 1 2 3 4
2. In my opinion, the format for the first two site visits with the nurse mentor (“First Things First” and “Triage and Effective Management of Health Impaired Students”) was useful in assisting me to address issues most critical to my role as a school nurse.
0 1 2 3 4
3. Once the school year was underway, there was enough time for my nurse mentor to provide the support I needed.
0 1 2 3 4
4. I have benefited substantially from having an assigned mentor.
0 1 2 3 4
5. I have benefited substantially from having nurse trainers address various topics with me one-on-one.
0 1 2 3 4
6. The amount of time allowed for one-on-one training by the nurse trainer is ideal.
0 1 2 3 4
7. In my opinion, it is an advantage to have a mentor and a separate team of specialized nurse trainers.
0 1 2 3 4
8. Overall, my orientation to school nurse practice in the WCSD has been positive.
0 1 2 3 4

Please provide comment by completing the following statements. This questionnaire is designed to allow you an unlimited amount of space for your responses.

In my opinion, the orientation of new nurses should be improved or modified in the following way(s):

Please complete this sentence: As you “tweak” orientation procedures for next year, do not change:

Thank you for your honest evaluation of the new nurse orientation program. Your responses and comments will assist in making modifications in the format for next year.