KSNO School Nurse of the Year

and

KSNO School Nurse Administrator of the Year

Grading Rubric

Name___________________________________

A Registered Professional Nurse:  Yes____ No____

A member of KSNO/NASN for the preceding 2 years: Yes____ No____

5 years school nurse experience:  Yes____ No____

50% time in direct care: Yes____ No____

50% time in Supervisory duties: Yes____ No____

Does the applicant support the following?

Provider of Client Care 20%  ____

Program Management 20%  ____

Health Education 20%  ____

Political/Legislative Involvement 10%  ____

Community Involvement 15%  ____

Involved in Research 15%  ____

Revised 2017