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**SCHOOL NURSE IMMUNIZATION SELF-ASSESSMENT**

To ensure this workshop is an effective professional development tool for you, it’s important to assess your current practices and skills. You will use your answers to these questions to guide the development of your **action plan!**

Please rate your knowledge and skill-level based on the following:

1= No experience/knowledge

2=Limited experience/knowledge

3= Proficient experience/knowledge

4= Mastery experience/knowledge

5= Mastery experience/knowledge and able to teach and supervise others

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| --- | --- | --- | --- | --- | --- |
| **KNOWLEDGE** | | | | | |
| School immunization requirements by grade level. | 1 | 2 | 3 | 4 | 5 |
| Handling of exclusions. | 1 | 2 | 3 | 4 | 5 |
| Reporting to the School Immunization law Report (SILR). | 1 | 2 | 3 | 4 | 5 |
| The School Immunization Catch-Up (SICU) program. | 1 | 2 | 3 | 4 | 5 |
| Maintaining accurate records. | 1 | 2 | 3 | 4 | 5 |
| **COMMUNICATION** | | | | | |
| Communicating effectively when challenged. | 1 | 2 | 3 | 4 | 5 |
| Communicating with children and/or adolescents. | 1 | 2 | 3 | 4 | 5 |
| Disagreeing diplomatically. | 1 | 2 | 3 | 4 | 5 |
| Teaching information to a child/adolescent. | 1 | 2 | 3 | 4 | 5 |
| Teaching information to an adult. | 1 | 2 | 3 | 4 | 5 |
| Writing health information (i.e. newsletters, emails, letters, etc.). | 1 | 2 | 3 | 4 | 5 |

***Now identify 2-3 items that you scored the lowest, these are areas for you to consider as the target for your action plan!***