# Colorado Department of Education

# School Nurse Mentor Program Contact Log

**Protégé Name:**

**Mentor Name:**

**Mentor Program Start Date: End Date:**

| Checklist  | Additional Notes/Follow-Up/Recommendations (include date and initials) |
| --- | --- |
| **Protégé** |  |
| * **Apply for Initial Special Service Provider License with CDE**
 |  |
| * **Attend the CDE School Nurse Orientation (SNO) if able**
 |  |
| * **Complete Mentor Program Evaluations at conclusion of program**

 **(Protégé & Administrator)** |  |
|  **Mentor & Protégé** |  |
| * **Complete the Service Agreement with signatures of the protégé, mentor, and administrator/supervisor.**
 |  |
| * **Regular communication between school nurse mentor and protégé**
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| * **Mentors assist protégé in identifying growth goals and professional learning targets based on the** [**Educator Effectiveness Evaluation model**](https://www.cde.state.co.us/educatoreffectiveness/specialservicesproviders)
 |  |
| * **Review the** [**Essential School Health Services Guideline Checklist**](https://www.cde.state.co.us/shs/essentialschoolhealthservices)
 |  |
| * **Communication with administrator/ induction coordinator**
 |  |

| Meeting Topics:  | Additional Notes/Follow-Up/Recommendations (include date and initials) |
| --- | --- |
| **Special Education*** **IEPS - review types of evaluations**
* **Health Assessments**
* **OHI/ Disability Categories**
* **Documentation of Nursing Services**
* **Nursing Report**
* **Other**
 |  |
| **Professional Development Attendance** |  |
| **CDE Website Review** |  |
| **Medication Administration*** **Field Trips**
* **Stock Meds**
* **Standing Orders**
	+ **OTC**
	+ **Stock epi, inhaler, etc**

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| **Immunizations** |  |
| Vision and Hearing Screening |  |
| **Health Care Plans** |  |
| **Delegation** |  |
| **Clinic/ Program Management** |  |
| **Section 504** |  |
| **Health Related District Policies** |  |
| **Chronic Diseases** |  |
| **Mental Health** |  |
| **Concussion** |  |
| **Other Topics Discussed** |  |

I verify these topics were reviewed and discussed with the protégé: I verify these topics were reviewed and discussed with the mentor:

Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protégé:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_