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	
☐ Mentors assist protégé in identifying growth goals and professional learning targets based on the **Educator Effectiveness Evaluation model**	
☐ Review the **Essential School Health Services Guideline Checklist**	
☐ 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**	

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:

Mentor: _____

Date: _____

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

Protégé:_____

Date: _____

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