School Nurse

Candidate Evaluation Form

Candidate Name		**Interviewer**	
Position Title		**Interview Date**	
Desired Salary		**Interview Start Time**	
Available Start Date		**Interview End Time**	

Rating Scale Responses	Interviewer Recommendation
1. No answer 2. Does not meet expectations 3. Meets expectations 4. Exceeds expectations 5. Outstanding **Total Score: _____**	☐ Hire ☐ Needs additional interview ☐ Possible fit for different position ☐ Do not hire but keep on file ☐ Do not hire **Comments:**

Questions	Rating	Notes
1. What inspired you to become a school nurse?		
2. Can you tell me about your previous experiences helping children manage chronic conditions?		
3. What would you do if a student was having an allergic reaction?		

4. A parent calls you because they're upset about how their child's condition was handled. How do you respond?		
5. How would you handle a student who had a suspected case of measles?		
6. How would you treat a student who had difficulty explaining their symptoms?		
7. How would you handle a student who visits the nurse's office several times a day or week?		
Additional Questions:		