

Candidate Name: _____



SPEECH LANGUAGE PATHOLOGIST Skills Checklist

Experience Level

Updated 1/3/2010

1 = No Experience - Theory / Observed Only

3 = Experienced - Does Frequently / Competent

2 = Limited Experience - Have Done / May Need Review

4 = Proficient

Level

GENERAL SKILLS				
Care of Patient in Isolation	1	2	3	4
Care of Patient in Restraints	1	2	3	4
Patient / Family Teaching	1	2	3	4
National Patient Safety Goals	1	2	3	4

PATIENT POPULATIONS

Geriatrics	1	2	3	4
Hearing Impaired	1	2	3	4
Learning Disabilities	1	2	3	4
Pediatrics / School Age	1	2	3	4
Progressive Neurological Disease	1	2	3	4
TIA / CVA	1	2	3	4
Trachs / Ventilators	1	2	3	4
Traumatic Brain Injury	1	2	3	4
Voice / Laryngectomy	1	2	3	4

ASSESSMENT

Augmentative Devices	1	2	3	4
Bedside Swallow Evaluation	1	2	3	4
Blue Dye Test	1	2	3	4
Boston Assessment of Severe Aphasia	1	2	3	4
Boston Diagnostic Aphasia Examination	1	2	3	4
Cervical Auscultation	1	2	3	4
Communication Ability for Daily Living	1	2	3	4
Fiber Endoscopic Evaluation Study (FEES)	1	2	3	4
Informal Testing	1	2	3	4
Minnesota Test for Differential Diagnosis of Aphasia	1	2	3	4
Modified Barium Swallow Study	1	2	3	4
Porch Index of Communicative Abilities	1	2	3	4
Pure Tone Screening	1	2	3	4
Reading Comprehension Battery for Aphasia	1	2	3	4
Rehab Inst of Chicago Evaluation of Communication	1	2	3	4
Ross Information Processing Assessment (Geriatric)	1	2	3	4
Western Aphasia Battery	1	2	3	4

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DISORDERS				
ALS	1	2	3	4
Alzheimer's (Dementia)	1	2	3	4
Aphasia	1	2	3	4
Apraxia	1	2	3	4
Augmentative Communications	1	2	3	4
Autism	1	2	3	4
CVA / TIA	1	2	3	4
Dysarthria	1	2	3	4
Dysphagia	1	2	3	4
Fluency	1	2	3	4
Hearing Loss	1	2	3	4
Learning Disabilities	1	2	3	4
Parkinson's Disease	1	2	3	4
Traumatic Brain Injury	1	2	3	4
Voice - Laryngectomy	1	2	3	4

PEDIATRICS				
Articulation	1	2	3	4
Autism	1	2	3	4
Cleft Palate	1	2	3	4
Feeding Disorders	1	2	3	4
Fluency	1	2	3	4
Hearing Impaired	1	2	3	4
Traumatic Brain Injury	1	2	3	4

TREATMENT				
Augmentative Devices	1	2	3	4
Behavior Modification	1	2	3	4
Co - Treatment	1	2	3	4
Cognitive Training	1	2	3	4
Community Re-entry	1	2	3	4
Computer	1	2	3	4
Dysphasia	1	2	3	4
Group	1	2	3	4
Individual	1	2	3	4
Safety Awareness	1	2	3	4
Total Communication	1	2	3	4
Vital Stimulation	1	2	3	4

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REGULATIONS				
ACT	1	2	3	4
FIMS	1	2	3	4
Omnibus Budget Reconciliation Act	1	2	3	4
Medicare	1	2	3	4
Medi-Cal	1	2	3	4
RUG Levels	1	2	3	4

EXPERIENCE	
Acute Care	Y N
Day Treatment Center	Y N
Early Intervention	Y N
Home Health	Y N
Inpatient Acute Rehab	Y N
Outpatient	Y N
Pediatrics / School Age	Y N
Skilled Nursing Facility	Y N
Community Hospital	Y N
Rural Hospital	Y N
Teaching Hospital	Y N

LEGEND KEY FOR AGE SPECIFIC CRITERIA	
[A] = Newborn (Birth to 30 days)	
[B] = Infant (30 days to 1 year)	
[C] = Toddler (1 to 3 years)	
[D] = Young Children (3 to 6 years)	
[E] = Older Children (7 to 12 years)	
[F] = Adolescents (13 to 20 years)	
[G] = Young Adults (21 to 39 years)	
[H] = Middle Adults (40 to 60 years)	
[I] = Older Adults (61+ years)	

AGE SPECIFIC CRITERIA	
Able to adapt care to incorporate normal growth and development	A B C D E F G H I
Able to adapt method and terminology of patient instructions to their age comprehension and maturity level	A B C D E F G H I
Can ensure a safe environment reflecting specific needs of various age groups	A B C D E F G H I

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CERTIFICATIONS / COURSES / SKILLS	
BLS	<input type="checkbox"/> Y <input type="checkbox"/> N
ACLS	<input type="checkbox"/> Y <input type="checkbox"/> N
PALS	<input type="checkbox"/> Y <input type="checkbox"/> N
Computerized Charting	<input type="checkbox"/> Y <input type="checkbox"/> N
IV Certification	<input type="checkbox"/> Y <input type="checkbox"/> N
Medication Administration System	<input type="checkbox"/> Y <input type="checkbox"/> N

Initials _____

Print Name _____

Date _____

Signature _____