



## SPEECH AND LANGUAGE PATHOLOGIST SKILLS CHECKLIST

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

Full Name: \_\_\_\_\_

### INSTRUCTIONS

*Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:*

**#1 = Familiar with procedure but will usually or almost always require some assistance.**

**#2 = Competent and familiar with procedure:** I can perform this procedure with excellence, usually without assistance.

**#3 = Very competent:** I have at least 12 months experience and can perform this procedure with excellence and without assistance.

**NOTE:** Leave blank any procedures which you have **no experience, training or low competence.**

| SKILLS:                                       | 1 | 2 | 3 |
|---|---|---|---|
| <b>FAMILIARITY WITH STANDARDIZED TESTS</b>    |   |   |   |
| ALPS (Aphasia Language Performance Scale)     |   |   |   |
| Boston  |   |   |   |
| CADL (Communication Ability For Daily Living) |   |   |   |
| Detroit                                       |   |   |   |
| Minnesota (Schuell)                           |   |   |   |
| PICA (Porch Index Of Communication Ability)   |   |   |   |
| Token   |   |   |   |
| <b>SCREENING</b>                              |   |   |   |
| Ability To Follow Directions                  |   |   |   |
| Attention Span                                |   |   |   |
| Expressive/Receptive Skills                   |   |   |   |
| Familiarize Self With Chart                   |   |   |   |
| Hearing                                       |   |   |   |
| Memory Skills                                 |   |   |   |
| Oral Motor Movement                           |   |   |   |
| Talking To Staff                              |   |   |   |
| <b>THERAPY SKILLS</b>                         |   |   |   |
| Aphasia                                       |   |   |   |
| Cva   |   |   |   |
| Head Trauma                                   |   |   |   |
| Low Level Functioning Patients                |   |   |   |
| Oral Motor Disorders                          |   |   |   |
| Apraxia                                       |   |   |   |
| Dysarthria                                    |   |   |   |

| SKILLS:                       | 1 | 2 | 3 |
|-------------------------------|---|---|---|
| <b>NEUROLOGICAL DISORDERS</b> |   |   |   |
| Adaptive Feeding              |   |   |   |
| Als                           |   |   |   |
| Alzheimer's (Dementia)        |   |   |   |
| Augmentative Communications   |   |   |   |
| Communication Boards, Etc.    |   |   |   |
| Electronic Devices            |   |   |   |
| Aural Rehabilitation          |   |   |   |
| Hearing Aids                  |   |   |   |
| Hearing Loss                  |   |   |   |
| Dysarthria                    |   |   |   |
| Dysphagia                     |   |   |   |
| <b>NEUROLOGICAL DISORDERS</b> |   |   |   |
| Trachs                        |   |   |   |
| Ventilator Dependent Patients |   |   |   |
| Videofluoroscopy              |   |   |   |
| Fluency                       |   |   |   |
| Parkinson's Disease           |   |   |   |
| Therapy Techniques            |   |   |   |
| Voice - Laryngectomy          |   |   |   |
| <b>PEDIATRICS</b>             |   |   |   |
| Articulation                  |   |   |   |
| Autism                        |   |   |   |
| Cleft Palate                  |   |   |   |
| Early Intervention            |   |   |   |
| Feeding Disorders             |   |   |   |
| Fluency                       |   |   |   |
| Hearing Impaired              |   |   |   |
| Traumatic Brain Injury        |   |   |   |

| <b>AGE APPROPRIATE CARE:</b> |  |
|------------------------------|--|
| Newborn (birth- 30 days)     |  |
| Infant (30 days-1 year)      |  |
| Toddler (1-3 years)          |  |
| Preschooler (3- 5 years)     |  |
| School Age (5 -12 years)     |  |
| Adolescents (12-18 years)    |  |
| Young Adults (18-39 years)   |  |
| Middle Adults (39-64 years)  |  |
| Older Adults (64+ years)     |  |

**Certification:**

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Retyped name acts as signature, if submitting form by email

Reviewed by \_\_\_\_\_ : Date: \_\_\_\_\_