



Speech Language Pathology Skills Checklist

- 1 - No Experience
- 2 - Limited Experience
- 3 - Proficient (experienced, may need occasional review/ assistance)
- 4 - Highly Skilled (can function well independently)

Name: _____

ADAPTIVE EQUIPMENT

Assessment	1	2	3	4
Augmentative Communication	1	2	3	4
Computer-based Treatment/Adaptive Microswitches	1	2	3	4

SPEECH/LANGUAGE/HEARING DISABILITIES

Cleft Palate	1	2	3	4
Cognitive Rehab	1	2	3	4
Coma Stimulation	1	2	3	4
CVA/Stroke Rehab	1	2	3	4
Dysphagia	1	2	3	4
Fluency/Stuttering	1	2	3	4
Head Injury	1	2	3	4
Hearing Impaired	1	2	3	4
Laryngectomy	1	2	3	4
Neurological	1	2	3	4
Voice	1	2	3	4
Cerebral Palsy	1	2	3	4
Learning Language Disabilities	1	2	3	4
Autism Spectrum Disorders	1	2	3	4
Feeding Disorders	1	2	3	4

Inservice Education	1	2	3	4
Myofunctional Therapy	1	2	3	4
Prosthetics - Cleft Palate	1	2	3	4
Rehab Feeding Group	1	2	3	4
Sign Language	1	2	3	4
Tracheostomy	1	2	3	4
Ventilator	1	2	3	4
Videofluoroscopy	1	2	3	4
FEEST	1	2	3	4
E-Stim Therapy	1	2	3	4
Vital Stim Therapy	1	2	3	4

AGE SPECIFIC COMPETENCY

Infant - (Birth to 1 Year)	1	2	3	4
Toddler (1-3 Years)	1	2	3	4
Preschool Child (3-5 Years)	1	2	3	4
School Age Child (5-12 Years)	1	2	3	4
Adolescent (12-18 Years)	1	2	3	4
Young Adult (18-44 Years)	1	2	3	4
Middle Age Adult (45-65 Years)	1	2	3	4
Senior Adult (Over 65 Years)	1	2	3	4

OTHER SKILLS

Accent Reduction	1	2	3	4
Aural Rehab/Speech Reading	1	2	3	4
Biofeedback - EMG	1	2	3	4
Cognitive Assessment	1	2	3	4
Co-Treatment with Occupational Therapy	1	2	3	4
Co-Treatment with Physical Therapy	1	2	3	4
Early Intervention	1	2	3	4
Family Education	1	2	3	4
Group Activities	1	2	3	4

SETTINGS

	Years/Months
Acute Care	_____
Inpatient Acute Rehab	_____
Day Treatment Center	_____
Skilled Nursing Facility	_____
Home Health	_____
Outpatient	_____
Early Intervention	_____
Pediatrics/School Age	_____
Private Practice	_____

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize Texas Select Staffing to release this Speech Language Pathology Skills Checklist to its client facilities for consideration of employment as a contractor at those facilities.

Signature _____ Date _____