

Name: _____

Skills Checklist

SPEECH/LANGUAGE PATHOLOGIST SELF-ASSESSMENT SKILLS CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

Level of Proficiency:
 1. Can function independently
 2. Experienced but may need review
 3. Limited experience
 4. No experience

Adaptive Equipment 1 2 3 4

- Assessment.....
- Augmentative Communication.....
- Computer-based Treatment/
Adaptive Microswitches.....

**Speech/Language/
Hearing Disabilities** 1 2 3 4

- Cleft Palate.....
- Cognitive Rehab.....
- Coma Stimulation.....
- CVA/Stroke Rehab.....
- Dysphagia.....
- Fluency/Stuttering.....
- Head Injury.....
- Laryngectomy.....
- Neurological.....
- Voice.....

Pediatrics 1 2 3 4

- Cerebral Palsy.....
- Early Intervention.....
- Learning Language Disabilities.....
- Mental Retardation.....
- NDT for Speech.....

Other Skills 1 2 3 4

- Accent Reduction.....
- Aural Rehab/Speech Reading.....
- Biofeedback - EMG.....
- Cognitive Assessment.....
- Co-Treatment w/Physical Therapy.....
- Family Education.....
- Group Activities.....
- Inservice Education.....
- Myofunctional Therapy.....
- Prosthetics - Cleft Palate.....
- Rehab Feeding Group.....
- Sign Language.....
- Therapeutic Horseback Riding.....
- (Hippotherapy)
- Tracheostomy.....
- Ventilator.....
- Videofluoroscopy.....
- FEEST.....
- EMR Systems.....
- (Electronic Medical Records)

Years of Experience In:	# Of Yrs.
General Acute Care	_____
Rehabilitation Hospital	_____
Skilled Nursing Facility	_____
Home Health Care	_____
Orthopedics	_____
Industrial Medical Clinic	_____
Sports Medicine Clinic	_____
Outpatient Private	
Practice Clinic	_____
Children's Hospital	_____
School Systems	_____

Signature: _____ Date: _____