



**SPEECH-LANGUAGE PATHOLOGIST SKILLS CHECKLIST**

Please enter your full legal name as it appears on your Social Security Card.

**First Name:**

**Last Name:**

**Date:**

**Job Description: Speech and Language Pathologist**

Diagnoses and treats speech and language problems, and engages in scientific study of human communication. Evaluates speech and language skills as related to educational, medical, social, and psychological factors. Plans, directs, or conducts rehabilitative treatment programs to restore communicative efficiency of individuals with communication problems of organic and nonorganic etiology. Requires a master's degree in speech-language pathology and may require a certificate of clinical competence in speech-language pathology (CCC). Expected to meet certain state licensing requirements. Familiar with standard concepts, practices, and procedures within a particular field. Typically reports to a manager or director.

Please Check Work Settings:	
Acute Care	
Community Re-Entry	
Home Health	
Outpatient Clinic	
Pediatric Rehab	
Psychiatric	
Rehab Hospital	
Rehab Unit in Hospital	
School System	
Skilled Nursing Facility	

**KEY: For each criteria**

**Score 1: Two plus years Expert Experience**

**Score 2: One-Two Years Current Experience**

**Score 3: Less than one year or Intermittent Experience**

**Score 4: Theory, no experience**

CRITERIA	SCORE			
	1	2	3	4
<b>Adaptive Equipment</b>				
Assessment				
Augmentative Communication				
Computer-Based Treatment				
Adaptive Microswitches				
<b>Pediatrics</b>				
Cerebral Palsy				
Early Intervention				
Learning Language Disabilities				
Mental Retardation				
NDT Speech				
<b>Speech/Language/Hearing Disabilities</b>				
Cleft Palate				
Cognitive Rehab				
Coma Stimulation				
CVA/Stroke Rehab				
Fluency/Stuttering				
Head Injury				
Hearing Impaired				

Laryngectomy	
Neurological	
Voice	
<b>Other Skills</b>	
Accent Reduction	
Aural Rehabilitation/Speech Reading	
Biofeedback - EMG	
Cognitive Assessment	
Co-Treatment with Occupational Therapy	
Co-Treatment with Physical Therapy	
Family Education	
Group Activities	
In Service Education	
Myofunctional Therapy	
Prosthetics - Cleft Palate	
Rehab Feeding Group	
Sign Language	
Tracheostomy	
Ventilator	
Videofluoroscopy	
FEEST	

<b>AGE SPECIFIC CARE</b>				
Please indicate the frequency with which you provide care for each age group in this specialty area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Infant (Birth to 1 year)				
Toddler (1-3 years)				
Pre-school (3-6 years)				
School Age (6-12 years)				
Adolescent ( 12-18 years)				
Young Adult ( 18-30 years)				
Mature Adult (30-60 years)				
Elderly (>60 years)				

**JCAHO:** I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" :

The information I have given is true and accurate to the best of my knowledge. I have read and fully understand the job description. By signing below or submitting electronically, I attest that the information provided within this skills checklist represents a full and complete disclosure of information, and is true and correct to the best of my knowledge and belief. I hereby authorize Sagent Healthstaff to release this skills checklist to client facilities for employment purposes.

I agree with the above statements. :

Signature: (please type your full name) :

Date: