

Speech Pathology Skills Checklist

NAME	Last	First	Initial	License No.:
-------------	-------------	--------------	----------------	---------------------

Signature/Title of Evaluator:	Date:
--------------------------------------	--------------

INSTRUCTIONS: Use the following answer key to indicate the extent of your "previous experience."
 (1) NEED INSTRUCTIONS & SUPERVISION (2) NEED REVIEW (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR (4) FEEL COMPETENT TO ORIENT OTHERS

Procedures	Previous experience	Competency Verbal/Demo Date/Initial	Comments	Procedures	Previous experience	Competency Verbal/demo Date/Initial	Comments
------------	---------------------	-------------------------------------	----------	------------	---------------------	-------------------------------------	----------

LANGUAGE SKILLS	COGNITIVE SKILLS (con't)
------------------------	---------------------------------

Auditory Perception				Level of Cognitive Functioning			
Auditory Reception				SWALLOWING			
Verbal Expression							
Alaryngeal Speech							
Visual Reception							
Reading							
Writing							
Gestures							

COGNITIVE SKILLS	
-------------------------	--

Orientation							
Attention							
Memory							
Judgement for Safety							
Problem Solving				Terminal care: ability to cope w/death at home, active grieving process			