



"Allied Services Division"

Skills Checklist- Speech Language Pathologist

Applicant Name _____

Level of Experience

- 0 – No Experience
- 1 – Limited
- 2 – Fair
- 3 – More than Average
- 4 – Proficient

Please circle the appropriate number

A. CLINICAL SKILLS

1. Familiarity with standardized tests

- | | | | | | |
|--|---|---|---|---|---|
| a. ALPS (Aphasia language performance scale) | 0 | 1 | 2 | 3 | 4 |
| b. Boston | 0 | 1 | 2 | 3 | 4 |
| c. CADL (Communication ability for daily living) | 0 | 1 | 2 | 3 | 4 |
| d. Detroit | 0 | 1 | 2 | 3 | 4 |
| e. Minnesota (Schuell) | 0 | 1 | 2 | 3 | 4 |
| f. PICA (Porch index of communication ability) | 0 | 1 | 2 | 3 | 4 |
| g. Token | 0 | 1 | 2 | 3 | 4 |
| h. Western aphasia battery (WAB) | 0 | 1 | 2 | 3 | 4 |

2. Informal testing - description of:

3. Screening

- | | | | | | |
|---------------------------------|---|---|---|---|---|
| a. Ability to follow directions | 0 | 1 | 2 | 3 | 4 |
| b. Attention span | 0 | 1 | 2 | 3 | 4 |
| c. Expressive/receptive skills | 0 | 1 | 2 | 3 | 4 |
| d. Familiarize self with chart | 0 | 1 | 2 | 3 | 4 |
| e. Hearing | 0 | 1 | 2 | 3 | 4 |
| f. Memory skills | 0 | 1 | 2 | 3 | 4 |
| g. Oral motor movement | 0 | 1 | 2 | 3 | 4 |
| h. Talking to staff | 0 | 1 | 2 | 3 | 4 |

B. THERAPY SKILLS/QUANTITY EXPERIENCE

1. Aphasia
 - a. CVA 0 1 2 3 4
 - b. Head trauma 0 1 2 3 4
 - c. Low level functioning patients 0 1 2 3 4
2. Oral motor disorders
 - a. Apraxia 0 1 2 3 4
 - b. Dysarthria 0 1 2 3 4

C. NEUROLOGICAL DISORDERS

1. Adaptive feeding 0 1 2 3 4
2. ALS 0 1 2 3 4
3. Alzheimer's (Dementia) 0 1 2 3 4
4. Augmentative communications
 - a. Communication boards, etc. 0 1 2 3 4
 - b. Electronic devices 0 1 2 3 4
5. Aural rehabilitation
 - a. Hearing aids 0 1 2 3 4
 - b. Hearing loss 0 1 2 3 4
6. Dysarthria 0 1 2 3 4
7. Dysphagia
 - a. Trachs 0 1 2 3 4
 - b. Ventilator dependent patients 0 1 2 3 4
 - c. Videofluoroscopy 0 1 2 3 4
8. Fluency 0 1 2 3 4
9. Parkinson's disease 0 1 2 3 4
10. Therapy techniques 0 1 2 3 4
11. Voice - laryngectomy 0 1 2 3 4

D. PEDIATRICS

1. Articulation 0 1 2 3 4
2. Autism 0 1 2 3 4
3. Cleft palate 0 1 2 3 4
4. Early intervention 0 1 2 3 4
5. Feeding disorders 0 1 2 3 4
6. Fluency 0 1 2 3 4
7. Hearing impaired 0 1 2 3 4
8. Traumatic brain injury 0 1 2 3 4

AGE SPECIFIC PRACTICE CRITERIA

Please rate yourself below for each age group for which you have expertise in providing age-appropriate nursing care.

Newborn/Neonate (birth - 30 days)	0	1	2	3	4
Adolescents (12 - 18 years)	0	1	2	3	4
Infant (30 days - 1 year)	0	1	2	3	4
G. Young adults (18 - 39 years)	0	1	2	3	4
Toddler (1 - 3 years)	0	1	2	3	4
H. Middle adults (39 - 64 years)	0	1	2	3	4
Preschooler (3 - 5 years)	0	1	2	3	4
I. Older adults (64+)	0	1	2	3	4
School age children (5 - 12 years)	0	1	2	3	4

My experience is primarily in: (Please indicate number of years)

Practice area: _____ Year(s) _____

Certification:

Please indicate below the expiration date for each certificate that you have.

BCLS Exp. date: (mm/dd/yyyy) _____

ACLS Exp. date: (mm/dd/yyyy) _____

CPR Exp. date: (mm/dd/yyyy) _____

Other (type): Exp. date: (mm/dd/yyyy) _____

Computerized charting system: _____

Exp. date: (mm/dd/yyyy) _____