

SPEECH PATHOLOGIST SKILLS CHECKLIST

Your Completion of this checklist will help us match your skills to the assignment of your choice. Please place a “√” in the column that best describes your experience level with each skill.

KEY

1. Two or more years consistent experience
2. One year consistent experience
3. Intermittent experience
4. No experience

	1	2	3	4			1	2	3	4
CLINICAL SKILLS:										
Aphasia language performance scale Boston	___	___	___	___			___	___	___	___
Communication ability for daily living Detroit	___	___	___	___			___	___	___	___
Porch index of communication ability Schuell	___	___	___	___			___	___	___	___
Token Western aphasia battery	___	___	___	___			___	___	___	___
SCREENING:										
Ability to follow directions	___	___	___	___			___	___	___	___
Attention span	___	___	___	___			___	___	___	___
Expressive/receptive skills	___	___	___	___			___	___	___	___
Familiarize self with chart	___	___	___	___			___	___	___	___
Hearing	___	___	___	___			___	___	___	___
Memory skills	___	___	___	___			___	___	___	___
Oral motor movement	___	___	___	___			___	___	___	___
Talking to staff	___	___	___	___			___	___	___	___
THERAPY SKILLS:										
CVA	___	___	___	___			___	___	___	___
Head trauma	___	___	___	___			___	___	___	___
Low level functioning patients	___	___	___	___			___	___	___	___
Aparaxia	___	___	___	___			___	___	___	___
Dysarthria	___	___	___	___			___	___	___	___
NEUROLOGICAL DISORDERS:										
Adaptive feeding	___	___	___	___			___	___	___	___
ALS	___	___	___	___			___	___	___	___
Alzheimer's	___	___	___	___			___	___	___	___
Dementia	___	___	___	___			___	___	___	___
Dysarthria	___	___	___	___			___	___	___	___
Fluency	___	___	___	___			___	___	___	___
NEUROLOGICAL DISORDERS (cont.):										
Parkinson's Disease	___	___	___	___			___	___	___	___
Therapy techniques	___	___	___	___			___	___	___	___
Laryngectomy	___	___	___	___			___	___	___	___
Trachs	___	___	___	___			___	___	___	___
Ventilator dependent patients	___	___	___	___			___	___	___	___
Augmentative communications							___	___	___	___
a) Communication boards, etc.							___	___	___	___
b) Electronic devices							___	___	___	___
Aural rehabilitation							___	___	___	___
a) Hearing Aids							___	___	___	___
b) Hearing loss							___	___	___	___
PEDIATRICS:										
Articulation	___	___	___	___			___	___	___	___
Autism	___	___	___	___			___	___	___	___
Cleft Palate	___	___	___	___			___	___	___	___
Early intervention	___	___	___	___			___	___	___	___
Feeding disorders	___	___	___	___			___	___	___	___
Fluency	___	___	___	___			___	___	___	___
Hearing impaired	___	___	___	___			___	___	___	___
Traumatic brain injury	___	___	___	___			___	___	___	___
AGE SPECIFIC PRACTICE:										
Newborn/Neonate	___	___	___	___			___	___	___	___
Infant	___	___	___	___			___	___	___	___
Toddler	___	___	___	___			___	___	___	___
Preschooler	___	___	___	___			___	___	___	___
School Age Children	___	___	___	___			___	___	___	___
Adolescents	___	___	___	___			___	___	___	___
Young Adults	___	___	___	___			___	___	___	___
Middle Adults	___	___	___	___			___	___	___	___
Older Adults	___	___	___	___			___	___	___	___

Name

Signature

Date