



Print Name: _____

SPEECH LANGUAGE PATHOLOGY SKILLS CHECKLIST

Please check the column that best describes your experience level with each skill.

Key:

- 1 - Very Experienced/Performs well (no assistance required)
- 2 - Some experience (some assistance required)
- 3 - No experience

	1	2	3		1	2	3
<u>PATIENT GROUPS</u>				<u>PEDIATRICS</u>			
Geriatric	___	___	___	Early Intervention	___	___	___
Adult	___	___	___	NDT for Speech	___	___	___
Adolescent	___	___	___	Fluency	___	___	___
Pediatric	___	___	___	Autism	___	___	___
				Feeding Disorders	___	___	___
				Hearing Impaired	___	___	___
<u>WORK SETTINGS</u>				Mental Retardation	___	___	___
General Acute Care	___	___	___	Cerebral Palsy	___	___	___
Rehabilitation Hospital	___	___	___	Learning Disabled	___	___	___
Early Intervention	___	___	___	Cleft Palate	___	___	___
Children's Hospital	___	___	___				
School System	___	___	___	<u>TREATMENT/PROCEDURES</u>			
Home Health Care	___	___	___	Individual	___	___	___
Skilled Nursing Facility	___	___	___	Group	___	___	___
Outpatient	___	___	___	Augmentative Devices	___	___	___
MR/DD	___	___	___	Computer	___	___	___
				Sensory Stimulation	___	___	___
<u>DIAGNOSTIC</u>				Modified Barium Swallow	___	___	___
CVA/Stroke	___	___	___	Video Fluoroscopy	___	___	___
Dysphagia	___	___	___	Family/Patient Education	___	___	___
Aphasia	___	___	___	Voice Restoration Techniques	___	___	___
Apraxia	___	___	___				
Laryngectomy	___	___	___				
Stuttering	___	___	___				
Hearing Impaired	___	___	___				
Dysarthria	___	___	___				
Head Injury	___	___	___				
Voice Disorders	___	___	___				
Fluency Disorders	___	___	___				

List any additional skills, training or certifications.

Signature: _____

Date: _____