

NETWORK STAFFING RESOURCES

SPEECH THERAPY

SKILLS/PROFICIENCY CHECKLIST

Indicate your level of expertise in the following areas by placing a circle around the appropriate box.
1 -lowest level of comprehension / 4 - highest level of comprehension

NAME: _____

HIRE DATE: _____

WORK SETTINGS

- 1 2 3 4 General Acute Care
- 1 2 3 4 Rehabilitation Unit in Hospital
- 1 2 3 4 Rehabilitation Hospital
- 1 2 3 4 Pediatric Rehab in Hospital/Clinic
- 1 2 3 4 Subacute Facility
- 1 2 3 4 School System
- 1 2 3 4 Psychiatric Facility
- 1 2 3 4 Long Term Care
- 1 2 3 4 Outpatient Clinic
- 1 2 3 4 Home Health Care
- 1 2 3 4 Private Practice
- 1 2 3 4 Other _____

ADD'L SKILLS/EQUIPMENT KNOWLEDGE

- 1 2 3 4 _____
- 1 2 3 4 _____
- 1 2 3 4 _____
- 1 2 3 4 _____
- 1 2 3 4 _____

CLINICAL SKILLS

- 1 2 3 4 Dysphagia
 - Independent screening skills
 - Independent bedside evaluation
 - Referring for video as appropriate
 - Developing treatment plans
 - Years of experience: _____
- 1 2 3 4 Aphasia/Dysarthria/Apraxia
 - Independent screening/evaluation
 - Developing treatment plans
 - Years of experience: _____
- 1 2 3 4 Dementia
 - Differentiation of aphasia vs. dementia
 - Developing appropriate functional plans
 - Years of experience: _____
- 1 2 3 4 Aural Rehabilitation
 - Independent screening/evaluation
 - Knowledge of roles of SLP vs. audiologist
 - Development of effective screening plans
 - Years of experience: _____
- 1 2 3 4 Cognitive Language Disturbances
- 1 2 3 4 Voice
- 1 2 3 4 Functional Maintenance

PROFESSIONAL SKILLS

- 1 2 3 4 Documentation
- Knowledge of Medicare Regulations
- Familiarity with S.O.A.P. format
- Familiarity with HCFA 700 & 701 forms
- 1 2 3 4 Interdisciplinary / Transdisciplinary Treatment
 - Understanding of PT/OT/Nursing roles
 - Ability to identify all rehab needs of patient
 - Willingness to support all treatment goals in patient interactions

SUPERVISORY ROLES

- Chief/Director _____
- Supervisor _____
- Student Supervisor _____
- Consultant _____

AGE GROUPS TREATED

- 0-5 Years _____
- 6-18 Years _____
- 19-40 Years _____
- 41-64 Years _____
- 65 Years and older _____

SIGNATURE: _____

DATE: _____