

STAFFING SPECIALISTS

SPEECH LANGUAGE PATHOLOGY SKILLS CHECKLIST

This self evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Supplemental Health Care.

1 = No Experience 2 = Limited Experience 3 = Experienced 4 = Highly Skilled

ADULT	1	2	3	4
CVA				
Traumatic Brain Injury (TBI)				
Coma Stimulation				
Degenerative Diseases				
Mental Retardation - Mild				
Mental Retardation - Moderate				
Mental Retardation - Severe				
Mental Retardation - Profound				
Anoxia				
Laryngectomy				
Tracheotomy				
Ventilator Dependent / Assisted				
Fluency				
Voice				
Screenings				
Hearing Impairments				
Sign Language				
ADAPTIVE EQUIPMENT	1	2	3	4
Communication Board				
Augmentative / Alternative				
Communication Devices				
Memory Aide				
Feeding Equipment				
DYSPHAGIA	1	2	3	4
Bedside Swallow Evaluation				
Modified Barium Swallow Study				
Thermal Stimulation				
Thickening Agents				
Compensatory Techniques				
Laryngectomy				
Tracheotomy				
Ventilator Dependent / Assisted				

PEDIATRIC	1	2	3	4
Traumatic Brain Injury (TBI)				
Cerebral Palsy				
Early Intervention				
Learning Disabilities				
Mental Retardation - Mild				
Mental Retardation - Moderate				
Mental Retardation - Severe				
Mental Retardation - Profound				
Articulation				
Language				
Fluency				
Voice				
Tracheotomy				
Group Treatment				
Screenings				
Hearing Impairments				
OTHER	1	2	3	4
Medicare Documentation				
Home Health Documentation				
Family Education				
Inservice Education				
Transfer Training				
Videostroboscopic Voice Evaluation				
Fiberoptic Voice Evaluation				
Aural Rehabilitation				
Functional Maintenance				
Video Fluoroscopy				
Multiple Sclerosis				
Muscular Dystrophy				

Age-Appropriate Care: Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4
Newborn (birth-30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School Age (5 - 12 years)				

AGE	1	2	3	4
Adolescents (12 - 18 years)				
Young Adults (18 - 39 years)				
Middle Adults (39 - 64 years)				
Older Adults (64+ years)				

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize Supplemental Health Care to release this Skills Checklist to staffing clients of Supplemental Health Care. This skills self evaluation is to be updated annually.

Applicant Signature

Date

Applicant Name & Title (please print)

SHC Representative Signature

Date