SPEECH/LANGUAGE PATHOLOGIST
SKILLS CHECKLIST

Name:_____ **Date:**_____

Experience Since:_____

	Comfortable With	Done Occasionally	No Experience
ADAPTIVE EQUIPMENT			
Assessment			
Augmentative Communication			
Computer-based Treatment/Adaptive Microswitches			
SPEECH/LANGUAGE/HEARING DISABILITIES			
Cleft Palate			
Cognitive Rehab			
Coma Stimulation			
CVA/Stroke Rehab			
Dysphagia			
Fluency/Stuttering			
Head Injury			
Hearing Impaired			
Laryngectomy			
Neurological			
Voice			
PEDIATRICS			
Cerebral Palsy			
Early Intervention			
Learning Language Disabilities			
Mental Retardation			
NDT for Speech			
OTHER SKILLS			
Accent Reduction			
Aural Rehab/Speech Reading			
Biofeedback – EMG			
Cognitive Assessment			
Co-Treatment w/Physical Therapy			
Family Education			
Group Activities			

Inservice Education			
Myofunctional Therapy			
Prosthetics – Cleft Palate			
Rehab Feeding Group			
Sign Language			
Theraputic Horseback Riding (Hippotherapy)			
Tracheostomy			
Ventilator			
Videofluroscopy			
FEEST			
WORK SETTINGS			
General Acute Care			
Home Health			
Nursing Home			
Outpatient Clinic			
Pediatric Rehab			
Acute Rehab Hospital			
Rehab Unit in a Hospital			
School System			

Signature:_____