

# Skills Checklist

## SPEECH/LANGUAGE PATHOLOGIST - SKILLS CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

**Level of Proficiency:**

1. Comfortable With
2. Done Occasionally
3. No Experience

### ADAPTIVE EQUIPMENT

	1	2	3
Assessment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Augmentative Communication . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer-based Treatment/. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Microswitches			

### SPEECH/LANGUAGE/ HEARING DISABILITIES

	1	2	3
Cleft Palate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Rehab. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coma Stimulation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVA/Stroke Rehab . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysphagia. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency/Stuttering . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngectomy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PEDIATRICS

	1	2	3
Cerebral Palsy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Language Disabilities . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Retardation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NDT for Speech . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OTHER SKILLS

	1	2	3
Accent Reduction . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aural Rehab/Speech Reading . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofeedback - EMG . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Assessment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Treatment w/Physical Therapy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Education . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Activities . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inservice Education . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myofunctional Therapy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosthetics - Cleft Palate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehab Feeding Group . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign Language . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Horseback Riding (Hippotherapy) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Videofluoroscopy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEST . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WORK SETTINGS

General Acute Care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Clinic. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Rehab . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Rehab Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehab Unit in a Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School System . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_