



SPEECH LANGUAGE PATHOLOGY SKILLS CHECKLIST

- 1 – NO EXPERIENCE**
- 2 – SOME EXPERIENCE (Require assistance / supervision)**
- 3 – EXPERIENCED (Need review, can perform independently)**
- 4 – VERY EXPERIENCED (Can perform well independently)**

Please select the column that most accurately describes your experience level.

EXPERIENCE LEVEL	1	2	3	4
PATIENT GROUPS				
Geriatric				
Adult				
Adolescent				
Pediatric				
WORK SETTINGS				
General Acute Care				
Rehabilitation Hospital				
Early Intervention				
Children's Hospital				
School System				
Home Health Care				
Skilled Nursing Facility				
Outpatient				
MR / DD				
DIAGNOSTIC				
CVA / Stroke				
Dysphagia				
Aphasia				
Apraxia				
Laryngectomy				
Stuttering				
Hearing Impaired				
Dysarthria				
Head Injury				
Voice Disorders				
Fluency Disorders				

EXPERIENCE LEVEL	1	2	3	4
PEDIATRICS				
Early Intervention				
NDT for Speech				
Fluency				
Autism				
Feeding Disorders				
Hearing Impaired				
Mental Retardation				
Cerebral Palsy				
Learning Disabled				
Cleft Palate				
TREATMENT / PROCEDURES				
Individual				
Group				
Augmentative Devices				
Computer				
Sensory Stimulation				
Modified Barium Swallow				
Video Fluoroscopy				
Family / Patient Education				
Voice Restoration Techniques				

I ATTEST THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND ACCURATE.

Independent Contractor

Date

Encore Staff

Date