



Rancho Cucamonga Branch:

8300 Utica Ave., Suite 192

Rancho Cucamonga, Ca. 91730

Phone 877-STAFF-98 Fax 866-337-0209

**SPEECH/LANGUAGE PATHOLOGIST
SKILLS CHECKLIST**

Name: _____

Date: _____

Experience Since: _____

| | Comfortable With | Done Occasionally | No Experience |
|--|-----------------------------|------------------------------|--------------------------|
| ADAPTIVE EQUIPMENT | | | |
| Assessment | | | |
| Augmentative Communication | | | |
| Computer-based Treatment/Adaptive Micro switches | | | |
| SPEECH/LANGUAGE/HEARING DISABILITIES | | | |
| Cleft Palate | | | |
| Cognitive Rehab | | | |
| Coma Stimulation | | | |
| CVA/Stroke Rehab | | | |
| Dysphasia | | | |
| 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 | | | |
| In-service Education | | | |

| | | | |
|--|--|--|--|
| Myofunctional Therapy | | | |
| Prosthetics – Cleft Palate | | | |
| Rehab Feeding Group | | | |
| Sign Language | | | |
| Therapeutic Horseback Riding (Hippo therapy) | | | |
| Tracheotomy | | | |
| 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: _____