Speech Language Pathologist Skills Checklist

This profile is for use by Speech Language Pathologist nurs discipline and specialty. It will not be a determining factor	es with more than one year's experience in their for the DB Healthcare program.
Please enter your full legal name as it appears on your Soc	ial Security Card.
First Name:	
Last Name:	
Date: MonthDayYear	
Social Security No	
Email:	
Please indicate your level of experience A. Theory, no practice	
B. Intermittent experience	
A. CLINICAL SKILLS 1. Familiarity with standardized tests	
a. ALPS (Aphasia language performance	scale) A B C C D
b. Boston	A ^C B ^C C ^C D
c. CADL (Communication ability for daily	living) A B C C D
d. Detroit	A B C C D
e. Minnesota (Schuell)	A B C C D

	f. PICA (Porch index of communication ability)	A C	В	c [©]	D
	g. Token	А [©]	вС	c [©]	D
	h. Western aphasia battery (WAB)	А [©]	ВС	c [©]	D
	Informal testing - description of:			△	
3.	Screening	_	_	_	
	a. Ability to follow directions	Α	В	C	D
	b. Attention span	A [©]	В	c [©]	D
	c. Expressive/receptive skills	A °	ВС	c [©]	D
	d. Familiarize self with chart	A [©]	вС	c [©]	D
	e. Hearing	A [©]	вС	c [©]	D
	f. Memory skills	A ⁽⁾	вС	c [©]	D
	g. Oral motor movement	А [©]	вС	c [©]	D
	h. Talking to staff	A [©]	вС	c ^O	D
1.	B. THERAPY SKILLS/QUANTITY EXPERIEN Aphasia	ICE			
	a. CVA	0	в	С	D C
	b. Head trauma				D C

c. Low level functioning patients2. Oral motor disorders	A C B C C D C
a. Apraxia	AOBOCODO
b. Dysarthria	$A^{$
C. NEUROLOGICAL DISORDERS	
1. Adaptive feeding	A B C C D
2. ALS	A B C C D
3. Alzheimer's (Dementia)	A O B O C O D
4. Augmentative communications	
a. Communication boards, etc.	A B C C D
b. Electronic devices	A O B O C O D
5. Aural rehabilitation	
a. Hearing aids	A ^O B ^O C ^O D
b. Hearing loss	A O B O C O D
6. Dysarthria	A O B O C O D
7. Dysphagia	
a. Trachs	A B C C D
b. Ventilator dependent patients	A B C D
c. Videofluroscopy	A O B O C O D

8. Fluency

9. Parkinson's disease

10. Therapy techniques

11. Voice - laryngectomy

12. How do you feel about proceeding with therapy if you can only rely on bedside evaluation?

D. PEDIATRICS

1. Articulation	$_{A}$ $^{\circ}$	в	c ^O	D C
2. Autism	$_{A} ^{ \bigcirc}$	вС	c ^C	$_{D} \; ^{\circlearrowleft}$
3. Cleft palate	$_{A}$	в	c ^O	$_{D}$ $^{\circ}$
4. Early intervention	A C	в	c °	D C
5. Feeding disorders	$^{\circ}$	в	c °	D C
6. Fluency	$^{\circ}$	вС	c ^O	$_{D}$ $^{\circ}$
7. Hearing impaired	A C	в	c O	D C

AGE SPECIFIC PRACTICE CRITERIA

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

A. Newborn/Neonate (birth - 30 days) B. Infant (30 days - 1 year) C. Toddler (1 - 3 years) D. Preschooler (3 - 5 years) E. School age children (5 - 12 years)	F. Adolescents (12 - 18 years) G. Young adults (18 - 39 years) H. Middle adults (39 - 64 years) I. Older adults (64+)								
EXPERIENCE WITH AGE GROUPS:	A	В	С	D	E	F	G	н	
Able to adapt care to incorporate normal growth and development.									

I

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.									
Can ensure a safe environment reflecting specific needs of various age groups.									
My experience is primarily in: (Please inc	dicate	nun	nber	of ye	ears)				
Practice area:						Ye	ar(s)		