withVR

withvr.app | gareth@withvr.app

Technology / Product:
Vendor:
Evaluated by:
Date:

Technology Checklist for SLPs

A practical guide to evaluating new technologies before using them in your practice

Important:
This checklist is a practical starting point - not legal advice. Regulations and requirements differ by country, region, and workplace. Always consult your organization's policies, your local data protection authority, and qualified legal or compliance professionals where needed. Some items may not apply to every technology or every setting.

How to use this checklist

[ESSENTIAL] Universally important. Every SLP should check these, regardless of where or how they work.

[RECOMMENDED] Important for most SLPs, but the depth of the check may vary. A solo practitioner might do a lighter version; a hospital or school district would go deeper.

[SITUATIONAL] Depends on your setting, client population, or the type of technology. Only check if it applies to you.

⚖ **May be a legal requirement** Some items are flagged with this symbol, regardless of their tier. This means there are laws in certain countries or regions that make this a legal obligation - not just good practice. Check what applies where you work.

Tip: If you work in a larger organization (hospital, university, school district), many Recommended and Situational items will likely be required by your IT or governance teams. If you are a solo practitioner or in a small practice, focus on the Essentials first and work through the others as they apply.

1. Data Privacy & Compliance

[ESSENTIAL] ☐ Does the tool comply with your local data protection law?

Every country has its own data protection framework. Don't assume compliance with one law means compliance with another - for example, HIPAA compliant does not mean GDPR compliant. Note that not all laws apply to every SLP: HIPAA is a US law that only applies to healthcare providers handling Protected Health Information (PHI) - if the tool you use is not designed to receive PHI, HIPAA may not apply. FERPA only applies in US schools receiving federal funding. Start by identifying which laws apply in your specific setting, then ask about those. In Canada and Australia, provincial or state laws may also apply on top of federal ones.

⚖ **May be a legal requirement in your jurisdiction (e.g. GDPR, HIPAA, PIPEDA, POPIA, APPs, LGPD, APPI)**

i Read more: GDPR (gdpr.eu) | HIPAA (hhs.gov/hipaa) | PIPEDA (priv.gc.ca) | Australia Privacy Act & APPs (oaic.gov.au) | POPIA (justice.gov.za) | NZ Privacy Act & HIPC | LGPD - Brazil | APPI - Japan

[ESSENTIAL] ☐ What data is collected, and who has access to it?

Ask specifically: does the tool collect session recordings, voice or speech samples, client names, clinical notes, biometric data? Who at the vendor company can see your client data, and why?

[RECOMMENDED] ☐ Where is your data hosted, and which country's laws apply?

Data stored on servers in another country may be subject to that country's laws, not yours. In the EU, data residency rules restrict transfers outside the EEA without appropriate safeguards. In Canada, Quebec's Law 25 requires Transfer Risk Assessments even for data leaving the province.

[RECOMMENDED] ☐ Does the vendor share your data with any third parties?

Some tools use third-party services for hosting, analytics, email, or AI processing. Ask whether your data is passed to anyone else - and if so, whether those third parties meet the same data protection standards.

[RECOMMENDED] ☐ Is your data encrypted - both in transit and at rest?

Data 'in transit' means while it is being sent over the internet. Data 'at rest' means while it is stored on a server. Both should be encrypted. If you are handling health data, encryption is typically required by law or by your organization's policies.

[RECOMMENDED] ☐ What happens to your data if you stop using the tool?

Can you export your client data in a usable format? How long is it retained after you leave? Will it be deleted on request? Check the vendor's data retention and portability policies.

[SITUATIONAL] ☐ Does the tool use tracking cookies, advertising analytics, or similar?

Some tools embed third-party tracking or analytics that may collect data beyond what is needed for the service. This may affect your compliance with data protection rules.

2. AI & Transparency

[ESSENTIAL] ☐ If the tool uses AI, do you understand what it does and how it works?

You must be able to question and override any AI output. AI does not absorb your professional responsibility. In the EU, AI literacy is a legal obligation under the EU AI Act (Article 4, in force since February 2025) - providers and deployers of AI systems must ensure that staff dealing with AI have a sufficient level of AI literacy. Clinical AI tools used in certain contexts may also be classified as high-risk. Elsewhere, AI literacy is increasingly expected by professional bodies and regulators.

⚖ **May be a legal requirement in your jurisdiction (e.g. EU AI Act)**

i Read more: EU AI Act (artificialintelligenceact.eu) | ASHA Code of Ethics, Principle I (asha.org/policy/code-of-ethics) | Book: AI, XR, and Automation in SLP (Boisvert & Hall, Plural Publishing)

[ESSENTIAL] ☐ Is your data (or your client's data) used to train or improve the vendor's AI model?

Some AI tools use the data you enter to train or refine their models. This includes general-purpose AI tools like ChatGPT, Copilot, and Gemini - never enter identifiable client information into these unless you have confirmed compliance with your local data protection laws. Ask explicitly whether client data, session content, or user inputs are used for model training - and whether you can opt out.

[ESSENTIAL] ☐ Can you override, ignore, or stop the AI at any time?

The clinician must remain in full control of all clinical decisions. AI is a tool to support you - it does not replace your professional judgment. You should be able to override, disregard, or stop any AI output at any point. Be aware of automation bias - the tendency to trust AI outputs over your own expertise.

⚖ **May be a legal requirement in your jurisdiction (e.g. EU AI Act Art. 14 requires human oversight of high-risk AI, including the ability to override or stop the system)**

i Read more: EU AI Act, Article 14 (artificialintelligenceact.eu/article/14) | ASHA Code of Ethics, Principle I (asha.org/policy/code-of-ethics)

[ESSENTIAL] ☐ If the tool generates content using AI (e.g. synthetic voices, AI-generated text, images, or video), is the end user - your client - informed of this?

Some tools use AI to generate voices, translate text, create images, or produce written content presented to the client. Under the EU AI Act (Article 50, applicable from August 2026), providers must ensure people are informed when interacting with AI-generated content.

⚖ **May be a legal requirement in your jurisdiction (e.g. EU AI Act Art. 50)**

i Read more: EU AI Act, Article 50 (artificialintelligenceact.eu/article/50)

[RECOMMENDED] ☐ Does the vendor offer training on responsible use?

If the vendor won't explain how their tool works, what data goes in, or what the risks are - that's a red flag. For AI-enabled tools, ask specifically what staff should and should not enter into the system.

i Read more: APA Companion Checklist for Evaluating AI-Enabled Tools (apaservices.org)

[RECOMMENDED] ☐ Has the vendor assessed whether their AI features are classified as high-risk under the EU AI Act?

The EU AI Act classifies certain AI systems as high-risk based on their intended use - including AI used for evaluating learning outcomes, determining eligibility for healthcare services, and emergency patient triage. Not all AI in healthcare or education settings is high-risk - the classification depends on what the AI itself does, not just where the software is used.

i Read more: EU AI Act, Article 6 & Annex III (artificialintelligenceact.eu/article/6)

[SITUATIONAL] ☐ Has the AI been tested for bias relevant to your client population?

AI models can carry biases from training data. This is particularly relevant if you work with diverse populations, non-native speakers, or atypical speech patterns.

[SITUATIONAL] ☐ Will the vendor notify you when the tool or its AI model is updated?

Changes to underlying AI models can affect clinical outputs. Ask whether you will be informed of significant changes.

[SITUATIONAL] ☐ Does any AI feature in this tool fall under a prohibited practice?

The EU AI Act (Article 5, in force since February 2025) bans specific uses of AI outright, including AI that exploits vulnerabilities of children, people with disabilities, or other vulnerable groups. If the tool claims to detect, analyze, or respond to a person's emotions, or is used with vulnerable populations, check whether any of its AI features fall within these prohibitions.

⚖ **May be a legal requirement in your jurisdiction (e.g. EU AI Act Art. 5)**

i Read more: EU AI Act, Article 5 (artificialintelligenceact.eu/article/5)

3. Informed Consent

[ESSENTIAL] ☐ Have you informed your client (or their guardian) that you will be using this technology?

Explain what the technology does, how it will be used in their care, and any relevant risks or limitations. Document their consent. This is both an ethical requirement under most professional codes and a legal obligation in many jurisdictions.

⚖ **May be a legal requirement in your jurisdiction (e.g. GDPR consent, HIPAA authorization, ASHA/RCSLT ethical codes)**

i Read more: ASHA Code of Ethics, Principle I, Rule H (asha.org/policy/code-of-ethics) | RCSLT Telehealth Guidance (rcslt.org)

[RECOMMENDED] ☐ Has the client been offered the option to decline or use an alternative?

Clients have the right to refuse technology-based services. Be prepared to offer an alternative where possible. In some settings (e.g. a school using a district-wide tool), the alternative may not always be straightforward.

i Read more: RCSLT Telehealth Guidance (rcslt.org) | Speech Pathology Australia Position Statement on Telepractice

4. Language & Accessibility

[ESSENTIAL] ☐ Can you work effectively in the language the software is in?

The software does not need to be in your first language - if you are comfortable working in the language it uses (e.g. English), that is fine. What matters is that you can fully understand the interface, settings, and any clinical outputs.

[ESSENTIAL] ☐ Will your client interact with the software directly? If so, is it available in their language?

This is the more important language question. If your client uses the tool directly, it must work in a language they understand. This includes instructions, prompts, feedback, and any spoken or written content they encounter.

[ESSENTIAL] ☐ If it uses speech recognition, has it been tested with your client population?

Most ASR systems are trained on typical adult English speech. For people who stutter, children, non-native speakers, or those with speech sound differences, accuracy can drop significantly. Ask the vendor what populations the system has been validated with.

[SITUATIONAL] ☐ Can your client physically and cognitively use this technology?

Consider motor, sensory, and cognitive accessibility needs. Does the tool accommodate individual needs? Are there alternative input methods?

5. Cultural & Clinical Fit

[RECOMMENDED] ☐ Is there clinical evidence supporting this tool's effectiveness?

Look for peer-reviewed research, clinical trials, or at minimum references to external evidence - not just vendor claims. The APA's checklist recommends checking whether clinical professionals are on the vendor's leadership team.

i Read more: APA Companion Checklist for Evaluating AI-Enabled Tools (apaservices.org)

[SITUATIONAL] ☐ Do the environments, scenarios, or content reflect your client's real world?

A therapy scenario set in one cultural context may not be meaningful in another. Check whether content can be customized or localized.

[SITUATIONAL] ☐ Does the tool fit your clinical workflow?

Does it integrate with your existing systems (e.g. your EHR or practice management software)? Or does it create additional administrative work?

6. Security & Breach Notification

[RECOMMENDED] ☐ What happens if there is a data breach?

Ask: how quickly will you be notified? What is the vendor's incident response process? Breach notification timelines vary by law - 72 hours under GDPR, 60 days under HIPAA, 'as soon as feasible' under PIPEDA. Knowing this in advance helps you respond appropriately.

⚖ **May be a legal requirement in your jurisdiction (e.g. GDPR Art. 33, HIPAA Breach Notification Rule, Australia Notifiable Data Breaches scheme)**

[SITUATIONAL] ☐ Does the vendor hold any recognized security certifications?

Certifications like ISO 27001, SOC 2, Cyber Essentials (UK), or equivalent give some assurance that the vendor takes data security seriously. However, they are expensive and many smaller vendors won't have them yet - this is normal and does not mean the tool is insecure. Ask what security measures are in place instead. Larger organizations will typically require these for procurement.

[SITUATIONAL] ☐ Does the tool require multi-factor authentication (MFA)?

MFA adds an extra layer of protection to user accounts. In some healthcare settings (e.g. NHS England), MFA is mandatory for systems hosting confidential data. Many smaller tools do not offer MFA yet. If the tool does not store sensitive client data, this is less critical - but it matters more when identifiable information is involved.

7. Working with Children & in Schools

[ESSENTIAL] ☐ Are you using this with minors? Have you obtained additional parental/guardian consent?

Standard therapy consent may not cover the use of new technologies. Note that 'minor' is defined differently across jurisdictions - under 13 for COPPA (US), under 16 in some EU countries under GDPR, under 18 in others. Check your local requirements.

⚖ **May be a legal requirement in your jurisdiction (e.g. COPPA, GDPR Art. 8, ICO Children's Code)**

i Read more: ICO Age Appropriate Design Code (ico.org.uk) | ASHA Telepractice Guidelines (asha.org)

Tip: Three rules may apply at once: the platform's age policy, privacy law (e.g. COPPA age 13), and clinical consent (typically under 18). The highest threshold wins.

[RECOMMENDED] ☐ Does the technology comply with child-specific data protection rules?

In the EU, the GDPR has specific provisions for children's data. The EU AI Act bans AI that exploits vulnerabilities of children. In the US, COPPA applies to online services collecting data from children under 13. In the UK, the ICO's Age Appropriate Design Code applies. The specifics vary by jurisdiction.

⚖ **May be a legal requirement in your jurisdiction (e.g. COPPA, GDPR, ICO Children's Code)**

i Read more: COPPA (ftc.gov) | GDPR Art. 8 | ICO Children's Code (ico.org.uk)

[SITUATIONAL] ☐ If you work in a school, does the tool comply with student data privacy laws?

In the US, FERPA protects student education records in schools that receive federal funding. Similar frameworks exist in other countries. Your school district's IT or data protection team should be consulted.

⚖ **May be a legal requirement in your jurisdiction (e.g. FERPA in the US)**

i Read more: FERPA (studentprivacy.ed.gov) | Your country's education data privacy framework

8. Organizational Readiness

[RECOMMENDED] ☐ Have you identified the right people in your organization?

Depending on your setting, you may need to involve IT, a data protection officer (DPO), procurement, clinical governance, and/or management before adopting a new tool. Solo practitioners should check their own data protection registration and professional indemnity policies.

[SITUATIONAL] ☐ Does your professional liability insurance cover the use of this technology?

If you are a solo practitioner or in private practice, check whether your professional indemnity insurance covers technology-mediated service delivery (e.g. telepractice, VR, AI-assisted tools). This may not be relevant if your employer's policy covers you.

[SITUATIONAL] ☐ Is the tool certified as a medical device where required?

Some clinical tools carry MDR/CE marking (EU), FDA clearance (US), UKCA marking (UK), or equivalent. If the tool makes diagnostic or therapeutic claims, check whether certification is required in your jurisdiction.

[SITUATIONAL] ☐ Is reimbursement available in your country or region?

Reimbursement availability in one country does not mean it is available in yours. Always verify locally before assuming a tool's cost can be recovered.

[SITUATIONAL] ☐ Does the vendor provide a service level agreement (SLA) or uptime guarantee?

If you depend on the tool for daily client sessions, ask about expected uptime, what happens during outages, and whether there is a support SLA.

9. Peer Validation

[RECOMMENDED] ☐ Have you spoken to colleagues who already use this tool?

Real-world peer feedback is invaluable. Ask about their experience with setup, support, clinical outcomes, and any issues they have encountered. If you work in a larger organization, your colleagues may already have gone through an approval process.

[RECOMMENDED] ☐ Have you checked your professional association's resources?

Organizations like ASHA, RCSLT, ESLA, NVLF, VVL, Speech Pathology Australia, SAC-OAC (Canada), and others increasingly offer technology-focused guidance, events, and communities. Your association may have already reviewed the tool or published relevant guidance.

i Read more: ASHA Practice Portal (asha.org/practice-portal) | RCSLT Technology Guidance (rcslt.org) | ESLA (eslaeurope.eu) | Speech Pathology Australia (speechpathologyaustralia.org.au) | IALP (ialp.info)

This checklist is part of the Technology Checklist for SLPs resource pack. For detailed explanations of every item, see the Complete Guide at withvr.app. Version 1.0 | April 2026 | CC BY-SA 4.0 | Created by Gareth Walkom - withVR

About this checklist

This checklist was developed to help Speech-Language Pathologists worldwide evaluate technology before adopting it in clinical practice. It draws on guidance from ASHA, RCSLT, ESLA, Speech Pathology Australia, the APA, the EU AI Act, GDPR, HIPAA, PIPEDA, POPIA, and informed consent best practices across the SLP profession. Organizational security frameworks from healthcare and education settings were also consulted.

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