

## Speech Pathology Skills Checklist

<b>NAME</b>	Last	First	Initial	License No.:
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Signature/Title of Evaluator:	Date:
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**INSTRUCTIONS:** Use the following answer key to indicate the extent of your "previous experience."  
 (1) NEED INSTRUCTIONS & SUPERVISION    (2) NEED REVIEW    (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR    (4) FEEL COMPETENT TO ORIENT OTHERS

Procedures	Previous experience	Competency Verbal/Demo Date/Initial	Comments	Procedures	Previous experience	Competency Verbal/demo Date/Initial	Comments
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<b>LANGUAGE SKILLS</b>	<b>COGNITIVE SKILLS (con't)</b>
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Auditory Perception				Level of Cognitive Functioning			
Auditory Reception				<b>SWALLOWING</b>			
Verbal Expression							
Alaryngeal Speech							
Visual Reception							
Reading							
Writing							
Gestures							

<b>COGNITIVE SKILLS</b>	
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Orientation							
Attention							
Memory							
Judgement for Safety							
Problem Solving							

Comments: \_\_\_\_\_  
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