



SPEECH PATHOLOGIST SKILLS EVALUATION - SELF ASSESSMENT

Level Of Proficiency

Date _____

Name _____

Signature _____

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person

to be nearby.

Please select the column that most accurately describes your proficiency level... D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Speech Pathology	A	B	C	D		A	B	C	D
Clinical Skills					Neurologic disorders				
Standardized testing					Alzheimer's				
Minnesota					Parkinson's				
CADL (Communication ability for daily living)					Auditory rehab				
ALPS (Aphasia language performance scale)					Augmentative communication				
Detroit					Electronic devices				
Token					Communication boards				
Boston					ALS				
WAB (Western aphasia battery)					Voice-laryngectomy				
PICA (Porch index of communication ability)					Auditory rehabilitation				
Screening for					Hearings aid				
Attention span					Hearing loss				
Expressive/receptive skills					Dysphasia				
Memory					Video fluoroscopy				
Ability to follow direction					Trach dependent patients				
Oral motor movement					Pediatrics				
Auditory					Cleft palate				
Therapy Skills					Autism				
Oral motor disorders					Early interventions				
Apraxia					Hearing disorders				
Dysarthria					Brain injuries				
Aphasia									
Head injuries					Age Specific Care				
Strokes					Neo-natal				
Low level functional patients					Pediatrics				
					Adolescents				
					Adults				

Reviewed By: _____

