Speech Pathology Skills Checklist								
NAME Last			First	Initial	License N	License No.:		
Signature/Title of Eva					Date:			
INSTRUCTIONS: U (1) NEED INSTRUCTIONS & SUP	se the follo ERVISION	wing answer (2) NEED REV	key to indicate the e	xtent of your "previous exper ETENT TO PERFORM WITHOUT SU	ience." PERVISOR (4	4) FEEL COMPET	ENT TO ORIENT OTHERS	
Procedures	Previous experience	Competency Verbal/Demo Date/Initial	Comments	Procedures	Previous	Competency Verbal/demo Date/Initial	Comments	
LANGUAGE SKILLS				COGNITIVE SKILLS (con't)				
Auditory Perception				Level of Cognitive Functioning				
Auditory Reception			<u>-</u>	SWALLOWING				
Verbal Expression								
Alaryngeal Speech								
Visual Reception								
Reading								
Writing								
Gestures								
COGNITIVE SKILLS								
Orientation								
Attention								
Memory								
Judgement for Safety								
Problem Solving								