Name:

Date of Hire: Date Completed:

| Self-Assessment |  | Eval Method |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 – Proficient  2 – Need Review  3 – No Experience | Speech Language Pathologist Competency Assessment - Initial | V - Verbal Test  W - Written Test  D - Demo | Competent  Y/N | Preceptor Initials | Date |
|  | Demonstrates ability to process paperwork and associated tasks related to: |  |  |  |  |
|  | 1. Initial Evaluation |  |  |  |  |
|  | * 1. Initial therapy evaluation |  |  |  |  |
|  | * 1. Develops care plan based on assessment |  |  |  |  |
|  | * 1. Health history/physical exam |  |  |  |  |
|  | 1. OASIS Documentation |  |  |  |  |
|  | 1. Care coordination/discharge planning |  |  |  |  |
|  | * 1. Care planning |  |  |  |  |
|  | * 1. Care coordination |  |  |  |  |
|  | * 1. Case management |  |  |  |  |
|  | * 1. Documents and reports key information to physician, RN Case Manager, supervisor, care team |  |  |  |  |
|  | * 1. Coordinates community resources |  |  |  |  |
|  | 1. Transfer of patient |  |  |  |  |
|  | 1. Documentation |  |  |  |  |
|  | * 1. CMS/state guidelines for documentation |  |  |  |  |
|  | * 1. Adheres to plan of care |  |  |  |  |
|  | * 1. Corrections to the clinical record |  |  |  |  |
|  | * 1. Accident/incident reports |  |  |  |  |
|  | * 1. Clinical notes |  |  |  |  |
|  | 1. Other |  |  |  |  |
|  | * 1. Supervision of ancillary personnel |  |  |  |  |
|  | * 1. Supply and DME management |  |  |  |  |
|  | Assessment/Evaluation: |  |  |  |  |
|  | 1. Mental Status/Cognition/Communication |  |  |  |  |
|  | 1. Verbal/non-verbal expression |  |  |  |  |
|  | 1. Graphic expression |  |  |  |  |
|  | 1. Auditory comprehension |  |  |  |  |
|  | 1. Reading comprehension |  |  |  |  |
|  | 1. Visual comprehension |  |  |  |  |
|  | 1. Speech intelligibility |  |  |  |  |
|  | 1. Voice |  |  |  |  |
|  | 1. Prosody |  |  |  |  |
|  | 1. Oral/motor functions |  |  |  |  |
|  | 1. Functional skills |  |  |  |  |
|  | * 1. Loss of food/drooling |  |  |  |  |
|  | * 1. Bolus control |  |  |  |  |
|  | * 1. Transit time |  |  |  |  |
|  | * 1. Swallowing reflex |  |  |  |  |
|  | * 1. Coughing/choking |  |  |  |  |
|  | * 1. Vocal quality |  |  |  |  |
|  | * 1. Pocketing/stasis |  |  |  |  |
|  | * 1. Other |  |  |  |  |
|  | 1. Environment evaluation / barriers |  |  |  |  |
|  | 1. Equipment/assistive device needs |  |  |  |  |
|  | 1. Other |  |  |  |  |
|  | Skilled Treatments/Interventions: |  |  |  |  |
|  | 1. Therapeutic activities |  |  |  |  |
|  | 1. Speech articulation disorders |  |  |  |  |
|  | 1. Language disorders |  |  |  |  |
|  | 1. Non-verbal communication |  |  |  |  |
|  | 1. Language processing |  |  |  |  |
|  | 1. Therapy to increase articulation, proficiency, verbal expression |  |  |  |  |
|  | 1. Dysphagia instruction/treatments |  |  |  |  |
|  | 1. Develop/teach communication system |  |  |  |  |
|  | 1. Voice disorders |  |  |  |  |
|  | 1. Aural rehabilitation |  |  |  |  |
|  | 1. Alaryngeal speech skills |  |  |  |  |
|  | 1. Food texture recommendations |  |  |  |  |
|  | 1. Swallow/vocal skills exercises |  |  |  |  |
|  | 1. Care of voice prosthesis |  |  |  |  |
|  | 1. Tracheostomy care/management education |  |  |  |  |
|  | 1. Pain assessment/management |  |  |  |  |
|  | 1. Safety/fall prevention |  |  |  |  |
|  | 1. Miscellaneous Skills |  |  |  |  |
|  | * 1. Vital signs |  |  |  |  |
|  | * 1. Other |  |  |  |  |
|  | 1. Other |  |  |  |  |
|  | Use of Equipment/Modalities: |  |  |  |  |
|  | 1. NMES |  |  |  |  |
|  | 1. Other |  |  |  |  |
|  | Infection Control |  |  |  |  |
|  | 1. Hand hygiene technique |  |  |  |  |
|  | 1. Proper bag technique |  |  |  |  |
|  | 1. Personal protective equipment |  |  |  |  |
|  | 1. Exposure control plan |  |  |  |  |
|  | 1. TB exposure control plan |  |  |  |  |
|  | 1. Reporting of infections for patient and personnel |  |  |  |  |
|  | 1. Standard precautions |  |  |  |  |
|  | Safety |  |  |  |  |
|  | 1. Assessment of patient safety risks and home safety |  |  |  |  |
|  | 1. Emergency preparedness |  |  |  |  |
|  | 1. Fire extinguishers |  |  |  |  |
|  | 1. Hazardous materials |  |  |  |  |
|  |  |  |  |  |  |
|  | Patient Education |  |  |  |  |
|  | 1. Determines patient / family learning needs |  |  |  |  |
|  | 1. Sets measurable objectives |  |  |  |  |
|  | 1. Develops/implements teaching plan |  |  |  |  |
|  | 1. Evaluates effectiveness of teaching |  |  |  |  |
|  | 1. Revises teaching plan based on patient needs |  |  |  |  |
|  | 1. Documents response to teaching |  |  |  |  |
|  | Other |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Comments:

Employee Signature Date

Supervisor Signature Date

Preceptor Signature Date

Preceptor Signature Date

Preceptor Signature Date