Name:

Date of Hire: Date Completed:

| Self-Assessment |  | Eval Method |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 – Proficient2 – Need Review3 – No Experience | Speech Language Pathologist Competency Assessment - Initial | V - Verbal TestW - Written TestD - Demo | CompetentY/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