



# ProvidenceCare

HEALTH SERVICES

## Speech Therapy Skills Validation Competency

Name: _____	Date: _____	Yes	No
<p>1. Assessment and reassessment of the client and evaluation Testing of clients with speech, hearing or language disorders Evaluation</p> <p>2. Neurological Assessment</p> <ul style="list-style-type: none"><li>• Evaluated &amp; Diagnosis Sensory Perception and Cognition</li><li>• Evaluate Oral facial Function<ul style="list-style-type: none"><li>a. Speech</li><li>b. Perception</li></ul></li><li>• Swallowing –<ul style="list-style-type: none"><li>a. Chewing</li><li>b. oral stage</li><li>c. reflex time</li></ul></li><li>• Verbal expression-<ul style="list-style-type: none"><li>a. Augmentative methods</li><li>b. Naming,</li><li>c. Conversation</li></ul></li><li>• Auditory Comprehension<ul style="list-style-type: none"><li>a. Word discrimination</li></ul></li><li>• Reading –<ul style="list-style-type: none"><li>a. Letters</li><li>b. Words</li><li>c. Numbers</li><li>d. Complex sentences</li></ul></li><li>• Writing<ul style="list-style-type: none"><li>a. Letters</li><li>b. Words,</li><li>c. Numbers</li><li>d. Complex sentences</li></ul></li></ul> <p>3. Plan therapy for asphagic clients with swallowing difficulties</p> <p>4. Assisting the physician in determining and recommending appropriate speech and hearing services.</p> <p>5. Performs therapeutic exercises with/without equipment.</p> <p>6. Adopts conventional therapy techniques meets needs of patients.</p> <p>7. Development and renewal of the physician's plan of treatment.</p> <p>8 Providing rehabilitative services for speech, hearing and language disorders.</p> <p>9. Recording and reporting to the physician the client's reaction to treatment.</p> <p>10. Recording and reporting any changes in the client's condition</p> <p>11. Instructing other health team and family members in the home rehabilitation program.</p> <p>12. Development, implementation, review and revision of the plan of care.</p> <p>13. Manual Speech Therapy techniques</p>			

Name: \_\_\_\_\_

Yes No

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14. Documenting clinical and progress notes, summaries, and other documentation for the clinical record.

15. Participation in case conferences, staff meetings, discharge planning activities and inservice programs as indicated

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_