



Board of Examiners
 For Speech-Language
 Pathology & Audiology
 (971) 673-0220
 (971) 673-0226 fax
 800 NE Oregon St
 Ste 407
 Portland OR 97232
www.bspsa.state.or.us

Speech-Language Pathology Assistant Clinical Contact Competencies Checklist

Be sure to fill in the applicant name and attach this completed form to your application.
 Have your supervisor complete the form below, signing and dating it.

Applicant Name: _____

Area of Examination	Rating
Successful Completion of 100 hours of clinical contact.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Knowledge of universal health and safety precautions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Basic Knowledge of workplace policies. Choose work setting below.	
<input type="checkbox"/> Public Schools / Early Childhood Programs Special Education Procedural Safeguards	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
<input type="checkbox"/> Private Practice / Clinic Settings Ethical standards, policies and procedure	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
<input type="checkbox"/> Hospital Setting Ethical standards, policies and procedure	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Ability to follow a therapy plan over time.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Completes individual therapy sessions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Completes group sessions with behavior management.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Collects data on therapy sessions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Writes appropriate session notes following a S.O.A.P. or other prescribed format.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Demonstrates understanding and ability to address client confidentiality issues.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds

 Supervisor Signature

 Oregon License #

 Date