

Supplement 4 Speech-Language Pathology Assistant (SLPA) Clinical Competency Checklist



Board of Examiners
For Speech-Language
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The clinical fieldwork supervisor must complete the ratings below for each rating period—that is, after each 25 hours of clinical interaction time. Your initials indicate that you met and discussed these ratings.

Fieldwork Participant Name: _____

Area of Examination	Rating #1 Date:	Rating #2 Date:	Rating #3 Date:	Rating #4 Date:
Knowledge of universal health and safety precautions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<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"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<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"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<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	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<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	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<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	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<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	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<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	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<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	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Participant Initials	1st Qtr:	2nd Qtr:	3rd Qtr:	4th Qtr:
Supervisor Initials	1st Qtr:	2nd Qtr:	3rd Qtr:	4th Qtr:

Supervisor Signature _____

Date _____

Oregon License # or ASHA Certification # _____

Supervisor Name (Print) _____

Site (Print) _____