

**NORTH CAROLINA BOARD OF EXAMINERS FOR
SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS**

**PERFORMANCE-BASED COMPETENCY ASSESSMENT AND ORIENTATION CHECKLIST
FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

Printed SLP Assistant Name & Registration Number: _____

Printed Primary Supervising Licensee Name & License Number: _____

Instructions: The primary supervising speech-language pathologist will complete this competency and orientation document during the first sixty (60) days of employment and forward the signed, original copy to the Board of Examiner's (the Board) office within 30 days of completion. A new competency assessment and orientation must be completed whenever the licensee who registers the assistant changes.

QUALIFICATION AND EMPLOYMENT OVERVIEW

	<u>Meets Std</u>	<u>Does Not Meet Std</u>
1. The speech-language pathology assistant has completed an approved course of study acceptable to the Board, is currently registered with the Board, and is in good standing as a speech-language pathology assistant.	_____	_____
2. The speech-language pathology assistant has completed an employment orientation at all sites where speech-language services will be delivered by the assistant.	_____	_____
3. The speech-language pathology assistant knows and understands the approved rules for SLP-assistants, specifically Attachment 1 (Summary of Authorized Tasks and Supervision Requirements for SLP-Assistants).	_____	_____
4. The supervising speech-language pathologist has informed the SLP-Assistant of the overall scope of his/her duties and responsibilities in the specific employment context.	_____	_____

DIRECT SERVICES TO PATIENTS/CLIENTS

1. The speech-language pathology assistant conducts self in a courteous and appropriate manner in all communication and interaction with clients/patients, families, caregivers, and other staff.	_____	_____
2. The speech-language pathology assistant identifies self as a speech-language pathology assistant when greeting client and/or family.	_____	_____
3. The speech-language pathology assistant wears a name tag at all times which identifies him/her as an assistant.	_____	_____
4. The speech-language pathology assistant provides instructions and/or explanations of treatment to the patient/client which are clear and complete, and are appropriate for the patient/client's developmental level, language use, communication disorder, and level of understanding.	_____	_____
5. The speech-language pathology assistant has been instructed in the proper administration of the screening instruments/tests which will be used in the employment setting(s) and accurately administers these screening instruments, as prescribed by the supervising speech-language pathologist.	_____	_____

	<u>Meets Std</u>	<u>Does Not Meet Std</u>
6. The speech-language pathology assistant accurately scores and reports the results of screening tests to the supervising speech-language pathologist.	_____	_____
7. The speech-language pathology assistant prepares treatment/screening materials before the beginning of each treatment/screening session, as directed by the supervising speech-language pathologist, assuring that such materials are appropriate to the patient/client's age, developmental level, culture, and communication disorder.	_____	_____
8. The speech-language pathology assistant starts and ends treatment sessions on time and follows the written treatment protocol developed and prescribed by the supervising speech-language pathologist.	_____	_____

HEALTH AND SAFETY STANDARD

1. The speech-language pathology assistant utilizes universal precautions and adheres to the infection control procedures and guidelines of the employer(s).	_____	_____
2. The speech-language pathology assistant will use appropriate procedures for the physical management of patients/clients and any necessary injury prevention strategies consistent with the employer's policies and with state regulation.	_____	_____

ACTION PLANS FOR UNMET STANDARDS

SIGNATURES & DATES:

_____ Speech-Language Pathology Assistant	_____ Registration Number	_____ Date
_____ Primary Supervising Licensee	_____ License Number	_____ Date