

Supplement 3

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 each clinical interaction supervisor complete the form below, signing and dating it.



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.oregon.gov/bspa

Applicant Name: _____

Area of Examination	Rating
Successful Completion of 100 hours of clinical contact. Please complete the Log on Supplement 4, attaching more copies of the page as needed.	<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"/> Private Practice / Clinic Settings Ethical standards, policies and procedure <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
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
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

Date

Oregon License # or ASHA Certification #

Supervisor Name (Print)

All Applicants for certification must provide documentation of 100 clock contact hours of clinical interaction, see Supplement 4.