ADEX
MEDICAL STAFFING, LLC

Name: _____

1=No Experience
3=Some Experience (needs resource back up)

ASHA ID # _____ Date CFY year completed
2=Limited Experience (assistance needed)
4=Very Experience (requires no supervision)

Please Check ;

Work Settings:	**1**	**2**	**3**	**4**
Acute Care				
Community Re-Entry				
Home Health				
Outpatient Clinic				
Pediatric Rehab				
Psychiatric				
Rehab Hospital				
Rehab Unit in Hospital				
School System				
Skilled Nursing Facility				
Adaptive Equipment:	**1**	**2**	**3**	**4**
Assessment				
Augmentative Communication				
Computer-based Treatment				
Adaptive Microswitches				
Pediatrics:				
Cerebral Palsy				
Early Intervention				
Learning Language Disabilities				
Mental Retardation				
NDT for Speech				
Speech / Language / Hearing Disabilities:	**1**	**2**	**3**	**4**
Cleft Palate				
Cognitive Rehab				
Coma Stimulation				
CVA/Stroke Rehab				
Fluency/Stuttering				
Head Injury				
Hearing Impaired				
Laryngectomy				
Neurological				
Voice				

Other Skills:	**1**	**2**	**3**	**4**
Accent Reduction				
Aural Rehabilitation / Speech Reading Biofeedback – EMG				
Cognitive Assessment Co-Treatment with Occupational Therapy Co-Treatment with Physical Therapy Family Education Group Activities In service Education				
Myofunctional Therapy Prosthetics – Cleft Palate				
Rehab Feeding Group				
Sign Language Tracheostomy				
Ventilator Videofluoroscopy				
FEEST				

Other Skills / Credentials

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Signature:

_____Date: _____.

Validated by: _____Date: _____