



## Speech Therapy Services Checklist

<b>Agency Name:</b>		<b>City:</b>	<b>Date:</b>
<b>10A NCAC 13J .1104 Speech Therapy Services</b>			
<b>Policies &amp; Procedures</b>		<b>Comments</b>	
<input type="checkbox"/>	Scope of Service (include treatment modalities)		
<input type="checkbox"/>	Service Availability		
<input type="checkbox"/>	Initial Assessment/Evaluation		
<input type="checkbox"/>	Treatment Plan (include Treatment Plan review)		
<input type="checkbox"/>	Recording & Reporting Change in Treatment Plan or Client Condition		
<input type="checkbox"/>	Guidelines for Notifying Physician		
<input type="checkbox"/>	Patient & Family Education		
<input type="checkbox"/>	Discharge		
<input type="checkbox"/>	Physician Orders		
<b>Personnel Policies</b>		<b>Comments</b>	
<input type="checkbox"/>	Credentialing & Competency of Staff		
<input type="checkbox"/>	Supervision of Staff (Speech Therapy Assistants)		

**Personnel Record Review** *(submit personnel records with all of the items listed below)*

Required Items	Speech Therapist	Speech Therapist	Speech Therapist Assistant <i>(Optional)</i>	Speech Therapist Assistant <i>(Optional)</i>
Employee Name/ Job Title				
Date of Hire				
Application or Resume				
Signed Job Description				
License Verification				
Proof of Blood Borne Pathogen Training				
Hepatitis B Immunization or Declination				
TB Skin Test or Chest X-ray				
Proof of Orientation				
Reference Check(s)				
Signed Consent for Criminal Background Check				