
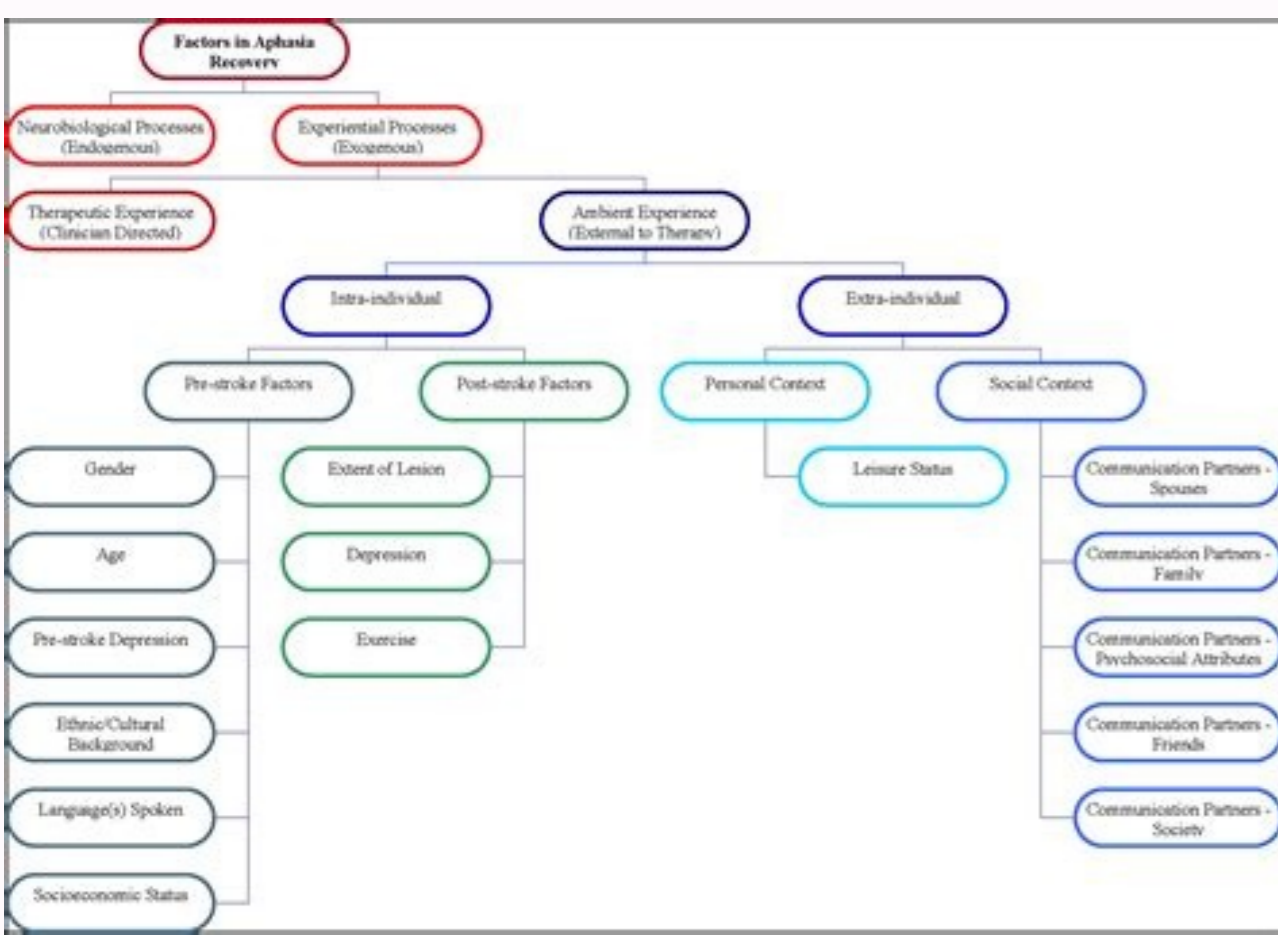


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# ROBERT SMITH

## Speech Language Pathology Intern

info@qwikresume.com | LinkedIn Profile | Qwikresume.com

Seeking a Speech-Language Pathology Intern position with an outstanding career opportunity that will offer a rewarding work environment along with a winning team that will fully utilize management skills.

### EXPERIENCE

#### Speech Language Pathology Intern

ABC Corporation - SEPTEMBER 2013 - JULY 2014

- Evaluated and treated various disorders of speech for pediatric and adult clients for clinical clock hours in receptive and expressive language, aural rehabilitation, audiology, articulation, motor speech, and cognition in individual and group sessions.
- Executed formal tests including the WAB, ABA, BDAE, RCBA, S-FAVRES, WJ III, GFTA 2, CELF-P, CELF 4, Oral Motor Exam, and hearing screenings to address Aphasia, Primary Progressive Aphasia, Apraxia of Speech, Childhood Apraxia of Speech, cognitive deficits, language delay, and articulation errors.
- Prepared individual and personal informal assessment procedures including an informal orientation assessment, language samples, speech samples, and baseline testing for following directions, phonological awareness, and articulation.
- Prepared treatment techniques including the LARK kit, awareness training for articulation, pacing boards, play therapy, and compensatory strategies for an increasingly demanding educational environment.
- Developed a personalized communication book to use as an augmentative communication device.
- Developed individual, personalized goals for pediatric and adult clients based on evaluation results and client input.
- Learned and observed professional steps and organization.

#### Speech Language Pathology Intern

Delta Corporation - 2011 - 2013

- Evaluated and diagnosed geriatric patients in a skilled nursing facility Utilized theory and learned skills to develop courses of treatment for .
- Developed and provided individual and group therapy for a caseload of school age children who were deaf or hard of hearing and had difficulties with .
- Implemented auditory-verbal therapy to facilitate the acquisition of spoken language through listening.
- Conducted push-in classroom lessons, administration of the Pre-school Language Scale-5 and the Rossetti Infant-Toddler Language

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Group	BGA	TA	GA	BA	WA	AA	MTA	TCMA
ICG	1	0	4	2	0	3	0	0
ITG	2	0	4	2	1	0	1	0
DCG	0	1	5	1	0	0	2	1
DTG	1	0	5	3	0	1	0	0
Total	4	1	18	8	1	4	3	1

BGA, basal ganglia aphasia; TA, Thalamic aphasia; GA, Global aphasia; BA, Broca aphasia; WA, Wernicke aphasia; AA, Anomic aphasia; MTA, Mixed transcortical aphasia; TCMA, Transcortical motor aphasia.

Person	Place	Thing	Something Else
• Family	• Home	• Looks like	• Important
• Friend	• School	• Used for	• Not important
• Someone else	• Somewhere else	• Something else	• I don't know
Feeling	Time	Medical	Problem
• Good	• Now	• Pain	• Health
• Bad	• Later	• Medicine	• Appointment
• Something else	• Past	• Something else	• Something else

	Alzheimer's Dementia		Primary Progressive Aphasias	
	Early Stage	Moderate-Severe	Nonfluent Variant	Semantic Dementia Variant
Spontaneous speech	Fluent, grammatical	Nonfluent, echolalic, neologisms	Effortful, short phrase length, obvious word-finding difficulty	Fluent, melodic, grammatically correct, obvious word-finding difficulty
Paraphasic errors	Semantic	Semantic and phonemic	Phonemic	Semantic
Repetition	Intact	Impaired	Impaired	Intact (for single word)
Naming	Impaired (mild)	Impaired	Impaired	Impaired
Comprehension of words	Intact	Impaired	Intact	Impaired
Syntactic comprehension	Intact	Impaired	Impaired	Intact
Reading	± Intact	Impaired	Impaired	Impaired (surface dyslexia)
Writing	± Intact	Impaired	Impaired	Impaired (surface dysgraphia)
Word and object knowledge (semantic knowledge)	Intact for more frequently used words and objects; impaired for less frequently used words and objects	Impaired	Intact	Impaired
Associated dementing syndromes			Frontotemporal dementia Corticobasal degeneration Progressive supranuclear palsy Alzheimer's disease	Frontotemporal dementia Alzheimer's disease

Source: Geriatrics Aging © 2008 1453987 Ontario, Ltd.

What are informal assessment strategies. Informal aphasia assessment pdf. Informal language assessment examples. How to assess global aphasia. What are informal assessment.

Potentially, the doctors are the standardized evaluations as more of a guide that requires some adaptation to meet their needs and the clinical configurations in which they work. It should also be noted that many standardized evaluations are not intended to be sensitive to change due to the small number of sub-test items; Its forces is intended to inform the diagnostic process. Vogel et al (2010) conclude that the complex and floating nature of communication in the initial stroke stages requires specialized assessment. However, in view of the lack of a standardized population -ferna specific that meets these needs, they suggest that a dynamic evaluation procedure is currently more effective. Both the syntylsysis (quantification of speaker options) and the dynamic analysis (looking at the choices through the exchange) were performed. Interchanges were also considered to light the questions raised in reflexive interviews. Remarks and results; Although all evaluation sessions have been typically controlled by the therapist and have sections that follow the pattern Classic, the response, the evaluation pattern, there were examples of dynamic and casual conversation evaluation, including a variety of movements to introduce new materials and humor. Comprehensive language batteries were discussed in all literature on whether they meet the evaluation purpose. For customers who continue the treatment of aphasia in other installations, Dr. Elman highlights recommendations for the treatment team with regard to potential communication goals and specific treatment methods. Of the configurations, the outpatient installation had the slightest adhesion in all disciplines. As such, the clins that completed the research crafted in the acute environment (42.5% of the interviewees), internationally rehabilitation environment (26.4% of the interviewees), Ambulatory (25.9% of respondents), private practitioner (2.9%) or in aged aged (2.3%). It shows the efforts that therapists and patients form to normalize or randomize their interactions within the potentially clumsy context of testing, and have implications for how to make the best therapeutic use of the time spent on the evaluation Afassia's early. (2010) reported that more than 70% of the participants used an informal evaluation (via interaction and observation) and more than 50% used an individualized assessment developed by them or The institution in which they worked. A large percentage of speech pathologists also used the high level MT WILGA language screening test (78.2%). The tendency to use informal evaluations along with informality in the exchanges, reflects the requirement building builder for therapy. This approach has inherent challenges (eg subjective judgment, reduction of precision and sensitivity) and therefore a picture is necessary to interpret the findings of informal evaluations (Vogel et al., 2010 ). Derivation-based evaluation tools are more frequently using impairment based on clinical practice (Rose et al., 2013; Verna, Davidson & Rose, 2009) and potentially Under evaluating the functional aspects, activities and QOL of Afasia. \*A à à €" À à à € "It creates a written relativity, including individualized communication strategies ... in a study by Vogel, Maruff and Morgan (2010) 174 Australian pathologists Lia and New Zealand were searched à à € à €

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