CROSS COUNTRY TRAVCORPS® CROSS COUNTRY LOCAL™

School Setting Self Assessment

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Print Name **Last 4 Digits of SS#** **Date**

Knowledge of	Experience					
Federal laws	0	1	2	3	4	5
State laws	0	1	2	3	4	5
IDEA	0	1	2	3	4	5
IEP	0	1	2	3	4	5
LRE	0	1	2	3	4	5
Section 504	0	1	2	3	4	5
Tech Act	0	1	2	3	4	5
Role of educationally relevant therapy	0	1	2	3	4	5
Disabilities frequency experience	0	1	2	3	4	5
Cerebral palsy	0	1	2	3	4	5
Spina bifida	0	1	2	3	4	5
Muscular dystrophy	0	1	2	3	4	5
Down syndrome	0	1	2	3	4	5
Mentally handicapped	0	1	2	3	4	5
Developmental delay	0	1	2	3	4	5
Autism	0	1	2	3	4	5
Asperger syndrome	0	1	2	3	4	5
Emotionally handicapped	0	1	2	3	4	5
Learning disabled	0	1	2	3	4	5
ADD/ADHD	0	1	2	3	4	5
TBI	0	1	2	3	4	5
SCI	0	1	2	3	4	5

Assessments	Experience					
Functional school/educational therapy assessment	0	1	2	3	4	5
Adaptive equipment	0	1	2	3	4	5
Wheelchair	0	1	2	3	4	5

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Initials _____

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Interventions/Strategies	Experience					
Early intervention: Birth to 3 years for head start program assessment	0	1	2	3	4	5
Pull-out	0	1	2	3	4	5
In-class direct	0	1	2	3	4	5
Individual	0	1	2	3	4	5
Small groups	0	1	2	3	4	5
Classroom modifications	0	1	2	3	4	5
Classroom/home programs	0	1	2	3	4	5
Curriculum accommodations	0	1	2	3	4	5
Consultation	0	1	2	3	4	5
Orthotics/prosthetics	0	1	2	3	4	5
Tone management	0	1	2	3	4	5
Activity enhancement	0	1	2	3	4	5
Inservice education	0	1	2	3	4	5

Skills	Experience					
Computer	0	1	2	3	4	5
Assistive technology	0	1	2	3	4	5
Classroom positioning	0	1	2	3	4	5
Gait training on school campus	0	1	2	3	4	5
Transfer training	0	1	2	3	4	5
Perceptual motor	0	1	2	3	4	5
Oral motor feeding	0	1	2	3	4	5
Architectural barriers	0	1	2	3	4	5
Pre-vocational	0	1	2	3	4	5
Adaptive PE	0	1	2	3	4	5
Splinting	0	1	2	3	4	5
ADL training	0	1	2	3	4	5
Sensory techniques	0	1	2	3	4	5
School bus transportation	0	1	2	3	4	5
Fine motor	0	1	2	3	4	5
Wheelchair mobility	0	1	2	3	4	5

Other	Experience					
Infection control practices	0	1	2	3	4	5
Hand washing	0	1	2	3	4	5

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Ages	Experience					
Infant (birth to 1 year)	0	1	2	3	4	5
Toddler (ages 1-3 years)	0	1	2	3	4	5
Preschooler (ages 3-5 years)	0	1	2	3	4	5
Childhood (ages 6-12 years)	0	1	2	3	4	5
Adolescents (ages 12-21 years)	0	1	2	3	4	5
Young Adults (ages 21-39 years)	0	1	2	3	4	5

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

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Signature **Date**