

# Student Checklist for the Diagnostic SLP

## Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists (PACE)

Date: \_\_\_\_\_

Speech-language pathologist being reviewed: \_\_\_\_\_

Name of building/school: \_\_\_\_\_

Student completing the survey: \_\_\_\_\_

*Please tell us how you feel about your speech-language pathologist (SLP) by checking "yes" or "no" next to each statement listed below. Feel free to add comments.*

Statement	Yes	No	Comments
My SLP explains why I am being tested/was tested.			
My SLP explains the directions for testing in a way that I understand.			
My SLP encourages me to do my best with the testing.			

**Please include any other comments that are important to share.**