

Pre-registration eating, drinking, and swallowing competencies sign-off sheet

Hours log

Date	No of hours	Direct/Indirect	Paediatric/Adult	Additional information	Signature
11/09/24	0.5	Indirect	Adult	Practised carrying out an oro-motor assessment with peers	Lucy Green SSLT
10/10/24	0.5	Indirect	Paediatric	Wrote a reflection about experience of EDS difficulties in my family	Lucy Green SSLT
25/11/24	2	Direct	Adult	Carried out a meal-time observation, wrote notes and care plan	Mary Jones SLT
05/12/24	0.5	Direct	Paediatric	Completed structured observation of children eating and drinking during lunchtime	Susan Smith SLT

Total number of direct adult hours: 2

Total number of direct paediatric hours: 0.5

Total number of indirect hours: 1

Pre-registration eating, drinking, and swallowing competencies sign-off sheet

Signature Key

When signing off any experience, please complete the signatory box below.

Signature	Name	Job title and organisation	Date
<i>Mary Jones</i>	Mary Jones	Specialist Speech and Language Therapist – Oak Tree Hospital	25/11/24
<i>Susan Smith</i>	Susan Smith	Specialist Speech and Language Therapist – Oak Tree Hospital	05/12/24