

# DHA Speech Therapist Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. Client confidentiality is mandated by what?**
  - A. FERPA laws**
  - B. HIPAA laws**
  - C. ADA regulations**
  - D. State laws**
- 2. What age group does Special Education serve according to the Individuals with Disabilities Education Improvement Act?**
  - A. 0-3 years**
  - B. 3-22 years**
  - C. 22-30 years**
  - D. 30-40 years**
- 3. A child who has a phonological disorder is more likely to also have which of the following?**
  - A. Intellectual disability**
  - B. Expressive disorder**
  - C. Autism spectrum disorder**
  - D. Visual impairment**
- 4. In conjunction with speech therapy, what other professional may collaborate to support a child with communication disorders?**
  - A. Occupational therapist**
  - B. Cardiologist**
  - C. Nutritionist**
  - D. Chiropractor**
- 5. According to Vygotsky, how is language viewed?**
  - A. As a static tool**
  - B. A developing thought**
  - C. As purely instinctual**
  - D. As a social construct only**

- 6. Which of the following is not a basic structural component of language?**
- A. Syntax**
  - B. Phonology**
  - C. Vocalology**
  - D. Semantics**
- 7. What is the correct procedure when a patient is grieving?**
- A. Introduce them to new activities**
  - B. Assist the patient through the stages of grief**
  - C. Encourage them to ignore their feelings**
  - D. Suggest they take a break from therapy**
- 8. Where is someone likely to find speakers of Standard American English (SAE)?**
- A. Southern California**
  - B. New England**
  - C. Northern Midwest**
  - D. Texas**
- 9. Stuttering is classified as which type of speech disorder?**
- A. Fluency disorder**
  - B. Articulation disorder**
  - C. Voice disorder**
  - D. Language disorder**
- 10. How many individuals in the U.S. are estimated to have severe communication disorders?**
- A. One million**
  - B. Two million**
  - C. Three million**
  - D. Five million**

## **Answers**

SAMPLE

- 1. B**
- 2. B**
- 3. B**
- 4. A**
- 5. B**
- 6. C**
- 7. B**
- 8. C**
- 9. A**
- 10. B**

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## **Explanations**

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## **1. Client confidentiality is mandated by what?**

- A. FERPA laws**
- B. HIPAA laws**
- C. ADA regulations**
- D. State laws**

Client confidentiality in the context of health care and speech therapy is primarily mandated by HIPAA laws. The Health Insurance Portability and Accountability Act (HIPAA) establishes a national standard for the protection of sensitive patient health information. It requires health care providers, including speech therapists, to protect the privacy of their clients' medical records and other personal health information. HIPAA not only safeguards the confidentiality of this information but also gives patients rights over their own health information, including the right to access their records and request corrections. This legislation is critical in ensuring that clients can trust that their sensitive information will be handled with the utmost care and confidentiality. While other laws and regulations, such as FERPA, deal with confidentiality in educational settings, and ADA addresses accessibility for individuals with disabilities, HIPAA is specifically designed to protect the privacy of health information across all health care sectors, including that of speech therapy. State laws may also provide additional protections, but HIPAA establishes the fundamental federal framework that all covered entities must follow.

## **2. What age group does Special Education serve according to the Individuals with Disabilities Education Improvement Act?**

- A. 0-3 years**
- B. 3-22 years**
- C. 22-30 years**
- D. 30-40 years**

The Individuals with Disabilities Education Improvement Act (IDEA) outlines that special education services are provided to children and youth from ages 3 to 22. This range is established to ensure that children who require special education due to disabilities receive appropriate educational support throughout their formative years, beginning when they reach the age of eligibility, which is typically 3 years old. Services continue until age 22, or until they complete their education, which ensures that individuals can access the necessary resources and support throughout their school years, effectively addressing their unique learning needs and fostering successful development. The other age ranges presented do not align with the provisions set forth by IDEA; therefore, they do not reflect the comprehensive coverage that is intended for special education services.

**3. A child who has a phonological disorder is more likely to also have which of the following?**

- A. Intellectual disability**
- B. Expressive disorder**
- C. Autism spectrum disorder**
- D. Visual impairment**

A child with a phonological disorder is more likely to also have an expressive language disorder because both conditions can be linked to difficulties in language processing and production. Phonological disorders specifically impact the way sounds are organized and used in speech, which can directly affect a child's ability to express themselves verbally. Children with phonological disorders may struggle not just with sound articulation but may also have challenges in formulating sentences, using appropriate vocabulary, or conveying their thoughts effectively. This overlap suggests a relationship between phonological awareness and overall language development, leading to the potential for an expressive disorder alongside phonological challenges. Intellectual disabilities, autism spectrum disorder, and visual impairments, while they may occur in some children, do not have the same direct relationship with phonological disorders in terms of shared underlying language processing issues.

**4. In conjunction with speech therapy, what other professional may collaborate to support a child with communication disorders?**

- A. Occupational therapist**
- B. Cardiologist**
- C. Nutritionist**
- D. Chiropractor**

Collaboration among professionals is essential in providing comprehensive support for children with communication disorders. An occupational therapist works closely with speech therapists to address overlapping areas of concern. For instance, while speech therapy focuses on communication aspects like speech production and language comprehension, occupational therapy can help with the physical and sensory skills that often impact communication, such as fine and gross motor skills, social interactions, and daily living activities. This synergistic approach can enhance the overall development of the child, as improving motor skills or sensory processing can facilitate better communication abilities. Occupational therapists can also assist in creating an optimal learning environment and addressing issues like attention deficits or sensory integration, which are critical for effective communication. While other professionals listed may play important roles in a child's overall health or development—such as a cardiologist in terms of medical issues, a nutritionist for dietary needs, or a chiropractor in reference to physical alignment—these roles do not specifically relate to the enhancement of communication skills in the same direct way that an occupational therapist's contributions do. Thus, collaboration between a speech therapist and an occupational therapist is a crucial step in a holistic approach to therapy for communication disorders.

**5. According to Vygotsky, how is language viewed?**

- A. As a static tool**
- B. A developing thought**
- C. As purely instinctual**
- D. As a social construct only**

Vygotsky's theory views language as a critical component of cognitive development and not merely as a tool or instinct. He posited that language is intertwined with thought and plays a pivotal role in the development of higher mental functions. Language is seen as a dynamic and evolving phenomenon that reflects and shapes human thought processes. It is through social interactions that individuals develop language skills, which in turn enhances cognitive development. This perspective highlights the importance of social context and cultural influences in the formation and evolution of both language and thought, making it a developing aspect rather than a static tool or something solely instinctual.

**6. Which of the following is not a basic structural component of language?**

- A. Syntax**
- B. Phonology**
- C. Vocalology**
- D. Semantics**

The correct answer is "C. Vocalology" because this term does not represent a generally accepted basic structural component of language. Instead, it might refer informally to the study of the human voice or vocal characteristics, rather than the framework of language itself. The other options are recognized elements crucial to understanding language. Syntax involves the rules that govern sentence structure, determining how words combine to form meaningful sentences. Phonology focuses on the sound systems of languages, dealing with how sounds function and are organized. Semantics pertains to meaning, exploring how individuals interpret words and sentences based on context and cultural understanding. Together, syntax, phonology, and semantics form foundational structures necessary for language development and communication, while vocalology does not fit within this framework.

**7. What is the correct procedure when a patient is grieving?**

- A. Introduce them to new activities**
- B. Assist the patient through the stages of grief**
- C. Encourage them to ignore their feelings**
- D. Suggest they take a break from therapy**

Assisting the patient through the stages of grief is crucial because it acknowledges the complex and individualized nature of the grieving process. Grief can manifest in various stages, typically characterized as denial, anger, bargaining, depression, and acceptance. By guiding the patient through these stages, a speech therapist can provide support that is empathetic and appropriate for the patient's emotional needs. This approach facilitates emotional expression and helps the patient to recognize and validate their feelings, which is an essential part of healing. Providing support during this process allows individuals to navigate their grief more effectively and can lead to improved coping mechanisms. This is particularly important in a therapeutic setting, where emotional well-being can directly impact progress in communication skills and overall therapy outcomes. The incorrect options suggest approaches that may detract from the grieving process or fail to address the emotional complexities involved. For example, introducing new activities or suggesting a break from therapy might overlook the immediate emotional needs of the patient. Encouraging them to ignore their feelings can be particularly harmful, as it may prevent them from processing their grief in a healthy way. Therefore, supporting the patient through their grief is a critical and compassionate intervention.

**8. Where is someone likely to find speakers of Standard American English (SAE)?**

- A. Southern California**
- B. New England**
- C. Northern Midwest**
- D. Texas**

Speakers of Standard American English (SAE) are most commonly found in regions where there is a strong educational system and certain socio-economic factors that promote the use of this dialect. The Northern Midwest is notable for having a population that tends to adhere more closely to the linguistic norms of SAE, often characterized by a lack of distinct regional accents compared to other areas. In the Northern Midwest, you can observe a general tendency towards clearer enunciation and a more uniform dialect influenced by historical patterns of migration and settlement. This area is often associated with more homogeneous communities that have facilitated the maintenance and promotion of SAE as a standard form of communication. While other regions, such as Southern California, New England, and Texas, do have SAE speakers, they are also heavily influenced by various local dialects and multicultural interactions. These influences can lead to variations that deviate from the standardized form of American English, distinguishing those regions from the Northern Midwest.

**9. Stuttering is classified as which type of speech disorder?**

- A. Fluency disorder**
- B. Articulation disorder**
- C. Voice disorder**
- D. Language disorder**

Stuttering is classified as a fluency disorder because it primarily affects the flow of speech. Individuals who stutter may experience disruptions in the normal rhythm and timing of speech, which can manifest as repetitions of sounds, syllables, or words, prolongations of sounds, or complete blocks where they are unable to produce speech. Fluency disorders involve difficulties in the natural smoothness of speech, and stuttering is the most commonly recognized example within this category. In the context of speech disorders, articulation disorders focus on issues with the physical production of sounds, voice disorders involve problems with pitch, volume, or quality of the voice, and language disorders encompass difficulties with understanding or using language in a meaningful way. Thus, stuttering distinctly falls under fluency disorders due to its specific impact on the fluidity of speech.

**10. How many individuals in the U.S. are estimated to have severe communication disorders?**

- A. One million**
- B. Two million**
- C. Three million**
- D. Five million**

The estimate that approximately two million individuals in the U.S. have severe communication disorders underscores the significant impact such disorders can have on a large segment of the population. This estimate stems from various studies and census data that reflect the prevalence of communication impairments, which may be caused by a range of factors including developmental disorders, neurological conditions, or acquired injuries. Understanding this number is crucial for speech-language pathologists and therapists as it highlights the demand for services and resources in this field. It also emphasizes the importance of advocacy and awareness for effective intervention strategies and support systems that cater to the needs of individuals experiencing communication challenges. Options like one million, three million, or five million either underestimate or overestimate the actual prevalence rate based on current research, indicating that careful consideration of data sources and methodologies is important in reaching accurate estimates.