ETS Form 1 Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here’s how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don’t just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. **A child with recurrent otitis media with effusion typically experiences which type of hearing loss?**

   A. Conductive hearing loss

   B. Sensorineural hearing loss

   C. Central auditory processing disorder

   D. Normal hearing

2. **A 32-month-old child with delayed speech presents with speech behaviors typical of which disorder?**

   A. Childhood Apraxia of Speech

   B. Autism Spectrum Disorder

   C. Conductive Hearing Loss

   D. Hyperkinetic Dysarthria

3. **In comparing Alzheimer-type dementia with aphasia from a CVA, a key difference is that**

   A. Repetition is more severely impaired in dementia

   B. Dementia shows greater dysfluency

   C. Dementia patients are more aware of disruptions in communication

   D. Aphasia patients more readily comment on recent events

4. **Which factor is most important when selecting vocabulary for an AAC system?**

   A. Vocabulary relevant to daily routines

   B. Emphasize abstract philosophical terms

   C. Exclude multilingual symbols

   D. Use only high-frequency verbs

5. **A videofluoroscopic study shows post-swallow vallecular residue occupying more than 50 percent vallecular height. What is the most likely overt symptom?**

   A. Watery eyes during swallowing

   B. Oral pocketing of foods

   C. Coughing after swallowing

   D. Esophageal reflux

6. Which goal best addresses a young child's pragmatic use of language in everyday contexts?

A. In a play situation, the child will request a turn, either verbally or through gestures, 90 percent of the time.

B. In treatment session, the child will produce a two-word combination 90 percent of the time.

C. In conversation, the child will produce correct velars 90 percent of the time.

D. When telling a story, the child will use the standard dialect's irregular past tense forms of five specific verbs 90 percent of the time.

7. A correct-response rate of 51 percent on a two-choice picture-pointing task most likely indicates what?

A. A random pointing response

B. Successful intervention

C. Development of crucial discrimination skills by the client

D. Readiness to progress to a three-picture point task

8. Based on the described consonant and word-shape inventory, which statement is most accurate about the child’s development?

A. The child has mastered consonant clusters

B. The child does not use any consonant clusters

C. The child has a strong vowel inventory

D. The child demonstrates high-frequency hearing loss

9. Which outcome was not directly examined in the dysarthria study?

A. F0 declination

B. Final-word lengthening

C. Relationship to loudness levels

D. Overall intelligibility of speech

10. Which action will most effectively control the problem of overreferral in school screening programs that use impedance/immittance measurements?

A. Obtaining the measurements in a professional sound-insulated room

B. Including 500 Hz in the audiometric screening procedure

C. Retesting immediately those who did not pass the first screening

D. Waiting three to five weeks to retest those who did not pass the first screening

Answers

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

Explanations

1. A child with recurrent otitis media with effusion typically experiences which type of hearing loss?

A. Conductive hearing loss

B. Sensorineural hearing loss

C. Central auditory processing disorder

D. Normal hearing

Fluid in the middle ear from recurrent otitis media with effusion disrupts the mechanical transmission of sound through the middle ear structures. This causes conductive hearing loss, which is characterized by reduced air conduction while the inner ear remains functioning, so bone conduction is typically normal and an air–bone gap appears on testing. In this scenario, the problem lies with the transmission of sound through the outer and middle ear, not with the inner ear or auditory nerve, which is why this isn't sensorineural hearing loss. A central auditory processing disorder affects how the brain interprets sound rather than how sound is heard at the ear itself, so it wouldn't be described as a primary hearing loss. Normal hearing would imply no deficit at all, which isn't the case when middle-ear fluid dampens movement of the eardrum and ossicles.

2. A 32-month-old child with delayed speech presents with speech behaviors typical of which disorder?

A. Childhood Apraxia of Speech

B. Autism Spectrum Disorder

C. Conductive Hearing Loss

D. Hyperkinetic Dysarthria

When a very young child shows delayed speech that includes inconsistent sound errors, difficulty sequencing sounds and syllables, and groping for the articulators, the pattern fits Childhood Apraxia of Speech. These features reflect a problem with planning and programming the movements required for speech rather than just a lack of vocabulary or a hearing issue. Autism would emphasize social-communication challenges and restricted behaviors; conductive hearing loss would produce speech errors tied to reduced auditory input with more uniform patterns; hyperkinetic dysarthria involves ongoing abnormal muscle movements and is unlikely to present this early without broader neurological signs.

3. In comparing Alzheimer-type dementia with aphasia from a CVA, a key difference is that

A. Repetition is more severely impaired in dementia

B. Dementia shows greater dysfluency

C. Dementia patients are more aware of disruptions in communication

D. Aphasia patients more readily comment on recent events

The key idea is that fluency of spontaneous speech tends to be more disrupted in Alzheimer-type dementia than in aphasia from a stroke. In dementia, widespread cognitive decline—affecting memory, retrieval, planning, and sequencing—produces frequent pauses, hesitations, self-corrections, and word-finding disruptions. This leads to noticeable dysfluency in everyday conversation as the person struggles to keep thoughts and words flowing. By contrast, aphasia after a CVA is a focal language disorder: the specific linguistic deficits (such as naming, repetition, or comprehension problems) show up, but the overall flow of speech is not necessarily more dysfluent than normal, except in certain aphasia types that are characterized by halting speech. So the pattern that best differentiates the two is the greater dysfluency seen in dementia. As for the other options, repetition impairment and awareness of disruptions are not as consistently distinguishing: repetition can be variably affected depending on aphasia type, and awareness of communication problems can be reduced in dementia, not reliably increased, while memory-related comments about recent events depend on multiple factors beyond the core language-dysfluency difference.

4. Which factor is most important when selecting vocabulary for an AAC system?

A. Vocabulary relevant to daily routines

B. Emphasize abstract philosophical terms

C. Exclude multilingual symbols

D. Use only high-frequency verbs

The most important factor when selecting vocabulary for an AAC system is making sure the words and phrases match the user's daily routines and practical communication needs. When the vocabulary is aligned with everyday activities, the user can reliably express wants, needs, options, and information in real-life contexts, which supports independence and smoother interactions with family, friends, teachers, and caregivers. Think about the kinds of things the person talks about every day: objects they use, actions they perform, questions they have, and short, useful phrases that help them participate in conversations or request help. Include language for the environments they spend time in—home, school, work, community settings—and for the people they talk with most. Abstract terms or philosophical language tend to be less useful early on because they don't enable immediate, practical communication. Focusing only on high-frequency verbs can leave out important nouns, pronouns, and phrases that make daily conversations flow. If the user communicates in more than one language, including multilingual symbols can improve accessibility. But the guiding aim is clear: build a vocabulary that is functional, easily navigable, and truly supports everyday communication.

5. A videofluoroscopic study shows post-swallow vallecular residue occupying more than 50 percent vallecular height. What is the most likely overt symptom?

A. Watery eyes during swallowing

B. Oral pocketing of foods

C. Coughing after swallowing

D. Esophageal reflux

Post-swallow residue in the valleculae that occupies more than half the vallecular height signals a significant pharyngeal swallow impairment with material left near the airway. When swallowed material remains in or near the laryngeal inlet, the airway defense reflex is triggered after the swallow, producing a cough to expel it. That's why coughing after swallowing is the most likely overt symptom. The other options don't align as directly with this finding: watery eyes during swallowing aren't tied to swallow mechanics, oral pocketing refers to material staying in the mouth rather than in the pharynx, and esophageal reflux involves a later stage after swallowed material has already passed the pharynx.

6. Which goal best addresses a young child's pragmatic use of language in everyday contexts?

A. In a play situation, the child will request a turn, either verbally or through gestures, 90 percent of the time.

B. In treatment session, the child will produce a two-word combination 90 percent of the time.

C. In conversation, the child will produce correct velars 90 percent of the time.

D. When telling a story, the child will use the standard dialect's irregular past tense forms of five specific verbs 90 percent of the time.

Pragmatic language use is about how a child communicates in real-life social interactions. The best goal captures a functional skill a child needs in everyday contexts: initiating and participating in a shared activity with others. Requesting a turn in a play situation, using either words or gestures, directly demonstrates that kind of social communication. It shows the child can engage with peers, signal needs or intentions, and keep the interaction moving in a natural setting. This kind of behavior reflects practical use of language during everyday exchanges, not just the form of language produced in a clinical or less social context. The other options focus on aspects like the word formation or sentence structure (two-word combos in a therapy session, correct articulation of sounds, or correct use of irregular past tense in storytelling). While those are important areas, they don't address how the child uses language to participate with others in daily interactions.

7. A correct-response rate of 51 percent on a two-choice picture-pointing task most likely indicates what?

A. A random pointing response

B. Successful intervention

C. Development of crucial discrimination skills by the client

D. Readiness to progress to a three-picture point task

In a two-choice picture-pointing task, guessing gives about a 50% chance of a correct response. A rate of 51% is essentially at chance and falls within normal variability, especially with a modest number of trials. This tiny above-chance result doesn't demonstrate that the person has learned to discriminate between the options. Real discrimination or effective intervention would show a substantial, consistent rise well above chance across sessions. Moving to a three-picture task would require reliable discrimination among three options, not staying near random performance. So, a 51% correct rate most likely reflects random pointing rather than learned discrimination.

8. Based on the described consonant and word-shape inventory, which statement is most accurate about the child's development?

A. The child has mastered consonant clusters

B. The child does not use any consonant clusters

C. The child has a strong vowel inventory

D. The child demonstrates high-frequency hearing loss

Consonant clusters are sequences of two or more consonants that can appear together in onsets or codas, like "sp" in suitcase or "nd" in hand. If a child's described inventory shows only single consonants and simple word shapes such as V, CV, or CVC, with no two-consonant sequences recorded, the most accurate conclusion is that the child does not use any consonant clusters yet. This pattern fits with early articulation development, where children often start with single consonants and simpler syllables before gradually producing clusters as their motor planning and phonological system mature. The observation about clusters doesn't by itself indicate a strong vowel inventory or any hearing loss—the latter would require separate testing and would show different kinds of evidence beyond the consonant inventory.

9. Which outcome was not directly examined in the dysarthria study?

A. F0 declination

B. Final-word lengthening

C. Relationship to loudness levels

D. Overall intelligibility of speech

In this study, the focus is on specific acoustic and perceptual features of dysarthric speech rather than on how understandable the speech is to listeners. The researchers looked at F0 declination, which tracks how pitch changes across an utterance, and final-word lengthening, a timing/prosody feature. They also explored how those features relate to different loudness levels, showing how loudness can influence pitch and timing patterns. What isn't directly examined is the overall intelligibility of the speech—the degree to which listeners can understand what's being said. Intelligibility typically requires separate perceptual testing with listeners, which wasn't the direct measure used here, even though it can be affected by the prosodic and loudness patterns studied.

10. Which action will most effectively control the problem of overreferral in school screening programs that use impedance/immittance measurements?

A. Obtaining the measurements in a professional sound-insulated room

B. Including 500 Hz in the audiometric screening procedure

C. Retesting immediately those who did not pass the first screening

D. Waiting three to five weeks to retest those who did not pass the first screening

The idea being tested is how to reduce false positives in school screening that uses impedance/immittance measurements. Impedance testing checks how the middle ear is functioning, and results can be influenced by temporary factors such as a recent cold, fluid in the middle ear, earwax, or even suboptimal test conditions. If you retest immediately after a failed pass, those temporary conditions are still likely present, so you'll keep flagging many children who don't have a lasting problem—leading to overreferral. Waiting three to five weeks gives time for transient issues to clear, so the follow-up result more accurately reflects whether there is a persistent middle-ear problem. This approach substantially lowers unnecessary referrals while still identifying kids who truly need further evaluation. Improving the testing environment or adjusting test frequencies can help quality, but they don't address the tendency for temporary conditions to produce false positives the way a delayed retest does.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://etsform1.examzify.com

We wish you the very best on your exam journey. You've got this!