

ETS FORM 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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- 1. Which statement best reflects recommended strategy for early language intervention in at-risk infants?**
 - A. Primary caregivers should be trained to facilitate learning
 - B. Intervention should be delivered mainly by specialized clinicians
 - C. Intervention should focus solely on object permanence
 - D. Social communication should not be emphasized in play
- 2. Which professional is best suited to evaluate fine motor skills required for handwriting and classroom tasks?**
 - A. Speech-language pathologist
 - B. Neurologist
 - C. Otolaryngologist
 - D. Physical therapist
- 3. Why is retesting after three to five weeks recommended in impedance/immittance screening?**
 - A. Because some temporary conditions such as a cold or ear infection may resolve in a few weeks.
 - B. Because measurements must be taken in a sound-insulated room.
 - C. Because including 500 Hz is necessary.
 - D. Because retesting immediately is unreliable.
- 4. A 6-year-old substitutes [t] for /s/, [d] for /z/, [p] for /f/, and [b] for /v/. Intervention would target which linguistic level?**
 - A. Morphology
 - B. Semantics
 - C. Phonology
 - D. Syntax
- 5. Which of the following is the ratio of reinforcement that will most quickly cause a newly acquired behavior to be habituated?**
 - A. A random ratio of tokens to correct responses
 - B. A ratio of 1 token to 1 correct response
 - C. A ratio of 1 token to 4 correct responses only
 - D. A ratio of 1 token to 10 correct responses only

- 6. Which utterance demonstrates an attribute + entity construction?**
- A. No kitty
 - B. Kitty house
 - C. My doggie
 - D. Big kitty
- 7. A 4-month-old infant with low birth weight who passed a neonatal hearing screening fails to localize environmental sounds. The most appropriate recommendation is?**
- A. Consideration of auditory amplification
 - B. Hearing-loss counseling for the parents
 - C. Careful parent monitoring of the child's speech-language development
 - D. Evaluation of auditory function by an audiologist
- 8. In a within-subjects experimental design, which statement is true?**
- A. Different groups measured
 - B. The same subjects measured under multiple conditions
 - C. Random assignment
 - D. Control group for baseline
- 9. 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
- 10. Cognitive therapy for stuttering focuses on which of the following?**
- A. Extinguishing the overt, dysfluent speech behavior by withholding positive reinforcement
 - B. Changing distorted beliefs about self-efficacy and the need to speak with complete fluency
 - C. Providing positive reinforcement during periods of fluent speech
 - D. Reducing dysfluent speech behavior by using visual imaging

Answers

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

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Explanations

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1. Which statement best reflects recommended strategy for early language intervention in at-risk infants?

- A. Primary caregivers should be trained to facilitate learning**
- B. Intervention should be delivered mainly by specialized clinicians
- C. Intervention should focus solely on object permanence
- D. Social communication should not be emphasized in play

The main idea here is that the most effective early language intervention for at risk infants happens when primary caregivers are trained to support learning during everyday interactions. Language develops best in natural, responsive conversations, not in isolated sessions with a therapist. When caregivers learn strategies—like following the infant's lead, labeling objects during routines, expanding on what the child says, and providing timely, back-and-forth talk—they create a language-rich environment across daily activities. This approach increases the infant's opportunities for meaningful communication, supports joint attention and turn-taking, and is practical and scalable for families. Interventions delivered mainly by clinicians alone, while valuable, don't reach the child in the contexts where learning occurs most often and can limit generalization. Focusing only on object permanence misses the essential language-target here, since the goal is to boost communicative development, not a single cognitive skill. And downplaying the role of social communication in play ignores the core interactions that drive language growth, such as responsive signaling, shared enjoyment, and back-and-forth exchange.

2. Which professional is best suited to evaluate fine motor skills required for handwriting and classroom tasks?

- A. Speech-language pathologist
- B. Neurologist**
- C. Otolaryngologist
- D. Physical therapist

Fine motor skills for handwriting and classroom tasks are typically evaluated by an occupational therapist. They specialize in how small hand and finger movements are controlled, how well a child plans and sequences those movements, and how these skills affect activities like writing, cutting, coloring, and manipulating small classroom tools. An occupational therapist assesses grip, dexterity, hand strength, coordination, and motor planning, then designs targeted strategies to improve handwriting legibility, pencil grasp, and overall ability to participate in school tasks, including recommendations for adaptive tools or seating if needed. A neurologist focuses on disorders of the nervous system and would be involved if there were suspected neurological causes behind motor difficulties, but is not the routine choice for assessing and improving everyday handwriting skills. A physical therapist emphasizes gross motor skills, posture, and mobility, with some coordination work, but they're not the primary specialists for fine motor tasks like handwriting. A speech-language pathologist works on communication and language, and an otolaryngologist handles ear, nose, and throat issues, not fine motor hand skills.

3. Why is retesting after three to five weeks recommended in impedance/immittance screening?

- A. Because some temporary conditions such as a cold or ear infection may resolve in a few weeks.**
- B. Because measurements must be taken in a sound-insulated room.
- C. Because including 500 Hz is necessary.
- D. Because retesting immediately is unreliable.

Impedance/immittance screening relies on how the tympanic membrane and middle ear respond to pressure changes. That response can be temporarily altered by illnesses that affect the ear, such as a cold or an ear infection, which may bring fluid into the middle ear or cause eustachian tube congestion. When these temporary conditions are present, the tympanic membrane may not move normally, leading to an abnormal result that doesn't reflect the true, longer-term status of the middle ear. Waiting 3–5 weeks allows those temporary factors to resolve, so a retest is more likely to reveal the genuine middle-ear function rather than a result driven by a transient illness. The other options don't address why waiting improves accuracy: room acoustics or a specific test frequency aren't about the need to delay re-testing, and while retesting immediately can be unreliable in the sense of being affected by current illness, the key reason is that temporary conditions may resolve, clarifying the true status.

4. A 6-year-old substitutes [t] for /s/, [d] for /z/, [p] for /f/, and [b] for /v/. Intervention would target which linguistic level?

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

Phonology is being tested here—the study of how speech sounds are organized and produced. The child consistently substitutes s and z with t and d, and f and v with p and b, which are sound-level errors. That pattern points to a phonological issue, not to meaning, word forms, or sentence structure. Intervention would focus on producing and differentiating the target phonemes, and on adjusting the sound patterns used in speech. In contrast, morphology, semantics, and syntax deal with word forms, meaning, and grammar, not with how sounds are systematically produced. So the best linguistic level to target is phonology.

5. Which of the following is the ratio of reinforcement that will most quickly cause a newly acquired behavior to be habituated?

- A. A random ratio of tokens to correct responses
- B. A ratio of 1 token to 1 correct response**
- C. A ratio of 1 token to 4 correct responses only
- D. A ratio of 1 token to 10 correct responses only

Dense reinforcement speeds up habit formation because the reward is given after every correct response, creating a very reliable and immediate link between the behavior and the consequence. A 1 token for each correct response means reinforcement occurs every time, so the learner quickly learns that performing the behavior reliably leads to reinforcement, strengthening the response fast and making it habitual. In contrast, waiting for multiple correct responses (like 1:4 or 1:10) slows the learning signal, and a random ratio makes reinforcement unpredictable, both of which delay how quickly the behavior becomes automatic. So the 1:1 ratio best promotes rapid habit formation.

6. Which utterance demonstrates an attribute + entity construction?

- A. No kitty
- B. Kitty house
- C. My doggie
- D. Big kitty**

An attribute + entity construction uses a modifier that directly describes the entity noun. In big kitty, the word big describes the kitty itself—its size—so the attribute is describing the entity right in front of us. That straightforward adjective + noun pattern is the hallmark of this construction. The other options don't show that direct attribute of the entity. No kitty starts with a determiner indicating negation rather than an attribute; my doggie uses possessive rather than a descriptive property; kitty house sounds like a compound where kitty acts as a modifier for house (a house related to kitties), not a property of the kitty itself.

7. A 4-month-old infant with low birth weight who passed a neonatal hearing screening fails to localize environmental sounds. The most appropriate recommendation is?

- A. Consideration of auditory amplification
- B. Hearing-loss counseling for the parents
- C. Careful parent monitoring of the child's speech-language development
- D. Evaluation of auditory function by an audiologist**

The key concept here is that a newborn who passes initial hearing screening can still have a hearing problem, especially when later behavior raises concern about auditory performance. Localizing environmental sounds requires clear hearing across both ears and intact neural processing from the cochlea to the brain. In a 4-month-old with low birth weight, failing to localize sounds suggests possible hearing impairment or other auditory system issues, so the appropriate next step is a formal evaluation of auditory function by an audiologist. This evaluation uses age-appropriate, objective tests (such as auditory brainstem response or otoacoustic emissions) to determine whether there is a hearing loss, its type (conductive or sensorineural), and its degree, which then guides timely intervention. Starting with an audiologist ensures an accurate diagnosis and appropriate plans, including amplification if a loss is confirmed. Counseling parents and monitoring language development remain important, but they depend on knowing the child's actual hearing status. Without a formal assessment, assumptions about normal hearing could delay necessary intervention.

8. In a within-subjects experimental design, which statement is true?

- A. Different groups measured
- B. The same subjects measured under multiple conditions**
- C. Random assignment
- D. Control group for baseline

Within-subjects designs have the same participants tested under every level of the independent variable. This means each person experiences all conditions, so every comparison is made within the same individuals. That setup controls for individual differences, reducing random variability and often giving you more statistical power with fewer participants. It also introduces potential carryover or practice effects, which researchers mitigate with counterbalancing the order of conditions. Measuring different groups would describe a between-subjects design, where separate groups participate in different conditions. Random assignment is a common experimental method but does not define the design type by itself. Having a control group for a baseline can occur in many designs and isn't the defining feature of a within-subjects approach.

9. 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.

10. Cognitive therapy for stuttering focuses on which of the following?

- A. Extinguishing the overt, dysfluent speech behavior by withholding positive reinforcement
- B. Changing distorted beliefs about self-efficacy and the need to speak with complete fluency**
- C. Providing positive reinforcement during periods of fluent speech
- D. Reducing dysfluent speech behavior by using visual imaging

Cognitive therapy for stuttering focuses on how thoughts and beliefs about speaking influence anxiety, avoidance, and fluency. People often hold distorted beliefs about their own ability to manage speaking tasks (self-efficacy) and about the necessity of complete, perfect fluency in every moment. These beliefs can create heightened tension and fear of speaking, which paradoxically makes stuttering more likely or more pronounced. By identifying and challenging these thoughts—reminding themselves that communication can be effective even with some dysfluencies, and that fluency does not determine their worth or competence—they learn to approach speaking with less fear and more flexibility. Techniques like cognitive restructuring, exposure to feared speaking situations, and practicing more adaptive self-talk help rebuild confidence in their ability to handle speech without requiring perfection. The other approaches center on changing behavior through reinforcement or using mental imagery, rather than transforming underlying beliefs about speaking and self-efficacy. Withholding reinforcement aims to curb dysfluency through punishment, which doesn't address the thinking that fuels the anxiety. Providing reinforcement for fluent speech is a behavioral strategy that still targets speech output rather than the cognitive pattern. Visual imagery is a technique that may support coping, but it isn't the primary mechanism of cognitive therapy for stuttering.

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!

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