ETS Praxis Speech-Language Pathology (5331) Form 2 Practice Test (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. **What aspect of speech therapy can help address a child's specific difficulty in language skills?**
   - **A. Playing educational games**
   - **B. Encouraging group discussions**
   - **C. Setting measurable speech goals**
   - **D. Utilizing technology**

2. **Which speech sample is least likely to indicate hypernasality?**
   - **A. Saying single words with nasal consonants**
   - **B. Counting sequentially from 50 to 60**
   - **C. Producing sentences with nasal sounds**
   - **D. Repeating phrases with oral-pressure consonants**

3. **Which of the following muscles is responsible for changing vocal pitch?**
   - **A. Posterior cricoarytenoid**
   - **B. Thyroarytenoid**
   - **C. Lateral cricoarytenoid**
   - **D. Cricothyroid**

4. **Which strategy is most appropriate for treating compensatory articulation errors in a child with hypernasality?**
   - **A. Using oral motor exercises**
   - **B. Using a straw to elicit /s/ sound**
   - **C. Using tactile cues to elicit phonemes**
   - **D. Using negative practice**

5. **What type of speech disorder might a child exhibit that struggles with indirect speech acts?**
   - **A. Articulation disorder**
   - **B. Semantic-pragmatic disorder**
   - **C. Fluency disorder**
   - **D. Phonological disorder**

6. Which aspect of communication is typically assessed using standardized tests for individuals with aphasia?

A. Vocal pitch

B. Comprehension

C. Stuttering frequency

D. Voice quality

7. Which strategy should an SLP use to best engage a patient in monitoring their vocal progress?

A. Recording their sessions for later review

B. Reinforcing that the aphonia is not their fault

C. Helping the patient recognize control over their vocal quality

D. Acknowledging that they cannot use their voice

8. What type of strategies should be used to facilitate language development in children with language impairments?

A. Naturalistic, contextual approaches

B. Drill and practice exercises

C. Formal testing procedures

D. Cognitive behavioral tasks

9. Which therapy approach emphasizes realistic short-term goals chosen by the patient with communication deficits?

A. Life Participation Approach to Aphasia

B. Visual Action Therapy

C. Supported Communication Intervention

D. Prompts for Reconstructing Oral Muscular Phonetic Targets

10. Which of the following is the most common phonological problem evidenced by young children aged 18-29 months?

A. Cluster reduction

B. Velar fronting

C. Nasal assimilation

D. Dimunitization

Answers

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

Explanations

1. What aspect of speech therapy can help address a child's specific difficulty in language skills?

A. Playing educational games

B. Encouraging group discussions

C. Setting measurable speech goals

D. Utilizing technology

Setting measurable speech goals is a crucial aspect of speech therapy that directly addresses a child's specific difficulties in language skills. By establishing clear, quantifiable objectives, clinicians can tailor their interventions to meet the individual needs of the child. These goals provide a framework for evaluating progress and help guide the therapy process, ensuring that it remains focused and effective. Measurable goals allow therapists to track improvements over time and make necessary adjustments to the treatment plan based on the child's performance and response to therapy. This individualized approach promotes accountability and encourages both the child and the therapist to stay motivated throughout the therapeutic process. The other choices, while beneficial in their own ways, do not specifically target the customization of intervention to meet the child's unique language needs as effectively as setting measurable goals does. Playing educational games and encouraging group discussions can facilitate language development, but they may not address the specific difficulties a child faces in a structured manner. Utilizing technology can be an effective tool but is often most impactful when used in alignment with clear, measurable goals to ensure its relevance to the child's language challenges.

2. Which speech sample is least likely to indicate hypernasality?

A. Saying single words with nasal consonants

B. Counting sequentially from 50 to 60

C. Producing sentences with nasal sounds

D. Repeating phrases with oral-pressure consonants

Producing phrases with oral-pressure consonants is the least likely speech sample to indicate hypernasality because oral-pressure consonants, such as plosives (e.g., /p/, /b/, /t/, /d/, /k/, and /g/), require adequate airflow through the oral cavity to create the necessary build-up of pressure. Hypernasality occurs when there is excessive airflow through the nasal cavity during speech, particularly affecting sounds that are typically produced orally. When a speaker produces oral-pressure consonants, any hypernasality would likely impair the articulation of these sounds, resulting in a distorted or weakened production. Conversely, the other options involve nasal sounds or higher chances of nasal resonance. For instance, saying single words with nasal consonants or producing sentences with nasal sounds would inherently involve the nasal pathways more significantly, thus betraying any hypernasality that may be present. Counting sequentially may also implicate nasality, especially if the numbers contain nasal consonants. Hypernasality is typically highlighted in contexts where nasal airflow is not appropriate, making oral-pressure consonants the least indicative in this regard.

3. Which of the following muscles is responsible for changing vocal pitch?

A. Posterior cricoarytenoid

B. Thyroarytenoid

C. Lateral cricoarytenoid

D. Cricothyroid

The cricothyroid muscle is primarily responsible for changing vocal pitch. It accomplishes this by adjusting the tension of the vocal cords. When the cricothyroid muscle contracts, it tilts the thyroid cartilage forward relative to the cricoid cartilage, effectively elongating and tightening the vocal folds. This increased tension of the vocal cords leads to higher pitch sounds. Understanding the role of the cricothyroid muscle is crucial for anyone studying speech-language pathology, as pitch modulation is essential in both speech and singing. The ability to manipulate pitch not only affects vocal performance but also plays a vital role in communication and emotional expression.

4. Which strategy is most appropriate for treating compensatory articulation errors in a child with hypernasality?

A. Using oral motor exercises

B. Using a straw to elicit /s/ sound

C. Using tactile cues to elicit phonemes

D. Using negative practice

Using tactile cues to elicit phonemes is an effective strategy for treating compensatory articulation errors in children with hypernasality. This approach involves providing physical feedback to the child, which can help them understand how to position their articulators (such as the tongue, lips, and palate) to produce sounds correctly. In the context of hypernasality, where there may be misarticulations due to airflow mismanagement, tactile cues can assist in redirecting the child's focus towards proper articulation mechanics. By feeling where their articulators are and how they should be moving, children can learn to eliminate incorrect compensatory strategies that may be contributing to their speech difficulties. Oral motor exercises, while useful for strengthening muscles and improving control, may not specifically address the phoneme production issues associated with hypernasality. Using a straw to elicit the /s/ sound, although it can promote breath control, might not effectively correct the underlying articulatory issues. Negative practice, which involves having a child intentionally produce a sound incorrectly, often leads to confusion and can reinforce the errors rather than correct them. Thus, tactile cues provide a more direct and practical approach to modifying articulation in children experiencing hypernasality.

5. What type of speech disorder might a child exhibit that struggles with indirect speech acts?

A. Articulation disorder

B. Semantic-pragmatic disorder

C. Fluency disorder

D. Phonological disorder

A child who struggles with indirect speech acts may exhibit a semantic-pragmatic disorder because this type of disorder affects understanding and using language in context, particularly the social aspects of communication. Indirect speech acts involve understanding implied meanings and using language in a way that is context-dependent rather than literal. For example, a request made indirectly, such as "Can you pass the salt?" requires the listener to infer the intent behind the phrasing, which can be challenging for children with semantic-pragmatic difficulties. In contrast, an articulation disorder primarily affects how speech sounds are produced, while a phonological disorder involves patterns of sound errors in speech. A fluency disorder relates mainly to the smoothness of speech, such as stuttering. None of these options directly address the comprehension and use of indirect speech acts within social contexts as well as semantic-pragmatic disorder does. Therefore, focusing on the child's ability to understand and generate indirect language emphasizes the characteristics of semantic-pragmatic disorder as the most relevant to the question.

6. Which aspect of communication is typically assessed using standardized tests for individuals with aphasia?

A. Vocal pitch

B. Comprehension

C. Stuttering frequency

D. Voice quality

The aspect of communication that is typically assessed using standardized tests for individuals with aphasia is comprehension. Aphasia primarily affects an individual's ability to process language, and understanding spoken or written language is a critical component of communication. Standardized tests for individuals with aphasia often evaluate various dimensions of language, including receptive skills, which is directly related to comprehension. Assessing comprehension helps clinicians understand the extent of language deficits and plan appropriate interventions. This can include tasks like following instructions, answering questions, or interpreting sentences. In contrast, vocal pitch, stuttering frequency, and voice quality are not primary focuses when assessing aphasia. Vocal pitch relates more to voice disorders than to language processing deficits, while stuttering and voice quality assessment would not specifically target the core language comprehension issues that characterize aphasia. Thus, comprehension assessment is key in this context for understanding and treating individuals with aphasia.

7. Which strategy should an SLP use to best engage a patient in monitoring their vocal progress?

A. Recording their sessions for later review

B. Reinforcing that the aphonia is not their fault

C. Helping the patient recognize control over their vocal quality

D. Acknowledging that they cannot use their voice

Engaging a patient in monitoring their vocal progress is crucial for their motivation and therapy success. Helping the patient recognize control over their vocal quality empowers them and fosters self-efficacy. By acknowledging their ability to influence their vocal output, patients become more active participants in their rehabilitation process. When patients understand and perceive that they have a degree of control, it encourages them to practice more consistently and critically assess their progress, leading to improved outcomes. This sense of control can also reduce feelings of helplessness often associated with vocal disorders, motivating them to work diligently on their vocal exercises and therapy. Other strategies may serve different purposes, but the key to long-term engagement lies in the patient's ability to recognize their role in improving their condition. Recording sessions for later review can provide valuable insights, but without the intrinsic motivation to engage in self-monitoring, the effectiveness may be limited. Reinforcing that aphonia is not their fault can offer emotional support, but it might not foster active participation. Acknowledging that they cannot use their voice would likely result in further discouragement, rather than empowerment. Therefore, focusing on helping the patient gain a sense of control stands out as the most effective strategy for promoting engagement in their vocal progress.

8. What type of strategies should be used to facilitate language development in children with language impairments?

A. Naturalistic, contextual approaches

B. Drill and practice exercises

C. Formal testing procedures

D. Cognitive behavioral tasks

Naturalistic, contextual approaches are highly effective for facilitating language development in children with language impairments because they focus on using everyday situations and interactions to promote communication skills. This type of strategy emphasizes the importance of language learning within meaningful contexts, allowing children to acquire language as they engage in natural conversations and activities relevant to their lives. By creating an environment where language is used functionally, children are encouraged to experiment with and practice their communication skills in real-world settings. The naturalistic approach helps to enhance motivation, as children are more likely to engage with language when it is tied to their interests and experiences. This method also supports the gradual integration of language skills by challenging children at their current developmental level while providing appropriate models and support from caregivers or educators. The other strategies, while they may have their own advantages in specific contexts, tend not to foster the same level of engagement and functional skill development. For instance, drill and practice exercises can often feel repetitive and disconnected from real-life communication, potentially leading to limited generalization of skills. Formal testing procedures are primarily designed to assess language abilities rather than to facilitate development, and cognitive behavioral tasks may focus more on addressing underlying behavioral issues rather than promoting language acquisition directly.

9. Which therapy approach emphasizes realistic short-term goals chosen by the patient with communication deficits?

A. Life Participation Approach to Aphasia

B. Visual Action Therapy

C. Supported Communication Intervention

D. Prompts for Reconstructing Oral Muscular Phonetic Targets

The Life Participation Approach to Aphasia (LPAA) focuses on enhancing the quality of life for individuals with aphasia by involving them actively in goal-setting. This therapy model emphasizes the importance of the patient's personal interests and real-life communication needs. By allowing patients to choose realistic short-term goals that are meaningful to them, LPAA promotes greater engagement and motivation in the therapy process. This individualized approach ensures that the therapy is relevant to the patient's daily life, fostering a sense of ownership and empowerment over their communication journey. In contrast, other therapy options mentioned do not emphasize the same level of patient involvement in goal selection. For example, Visual Action Therapy is primarily designed to improve non-verbal communication skills through visual cues rather than personal goal-setting. Supported Communication Intervention focuses on strategies to assist individuals with communication challenges but does not center around the patient's direct input for goal development like LPAA does. Additionally, Prompts for Reconstructing Oral Muscular Phonetic Targets is a technique aimed at improving speech production by targeting specific phonetic and muscular skills, which does not incorporate patient-selected goals in the same way. Thus, the Life Participation Approach to Aphasia distinctly underscores patient involvement in shaping their therapeutic objectives.

10. Which of the following is the most common phonological problem evidenced by young children aged 18-29 months?

A. Cluster reduction

B. Velar fronting

C. Nasal assimilation

D. Dimunitization

The most common phonological problem seen in young children aged 18-29 months is cluster reduction. This occurs when a child simplifies consonant clusters (groups of two or more consonants) by omitting one or more sounds. For instance, a child might say "pane" instead of "plane." During this developmental stage, it is typical for children to simplify their speech as they are still mastering the complex motor skills required for producing various sounds. Cluster reduction reflects the child's cognitive and physical ability to articulate sounds and is a natural part of language development. Recognizing this helps speech-language pathologists understand normal phonological development and identify when further intervention is necessary. The other issues, while they may also occur, are less prevalent as phonological processes in this age group. Velar fronting refers to the substitution of sounds produced at the back of the mouth (like /k/ and /g/) with those produced at the front (like /t/ and /d/). Nasal assimilation involves changing a non-nasal sound to a nasal sound due to the influence of neighboring nasal sounds, which is less of a common stage in early development. Diminutization is when a child adds a diminutive suffix such as "-y" or

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://etspraxis5331form2.examzify.com

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