ETS PRAXIS SPEECH□LANGUAGE PATHOLOGY (5331) FORM 2 PRACTICE TEST (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

1. **How many continuing education hours are required to maintain a Certificate of Clinical Competence in Speech-Language Pathology?**

   A. 10 contact hours

   B. 20 contact hours

   C. 30 contact hours

   D. 40 contact hours

2. **When a patient with aphasia struggles to write assigned words, what support can the SLP provide?**

   A. Offering additional verbal instructions

   B. Providing letter tiles for writing practice

   C. Reducing the number of target words

   D. Increasing the frequency of follow-up calls

3. **What type of information is most useful for an SLP in planning treatment for a child with normal language skills who uses stopping and final consonant deletion?**

   A. Mean length of utterance

   B. Diadochokinetic rate

   C. Stimulability information

   D. Literacy information

4. **What aspect of speech is primarily targeted when reducing nasal emissions?**

   A. Manner of articulation

   B. Voicing

   C. Place of articulation

   D. Rate of speech

5. **Which phonological disfluency involves the omission of sounds to simplify speech?**

   A. Velar fronting

   B. Cluster reduction

   C. Liquid gliding

   D. Dimunitization

6. Which cognitive rehabilitation practice is most effective for helping a patient learn about their external memory aid?

A. Errorless learning

B. Attention process training

C. Method of vanishing cues

D. Expanded rehearsal

7. What role does the SLP play in managing educational hearings?

A. Conducting hearing tests

B. Prescribing medications

C. Participating in auditory rehabilitation

D. Facilitating speech therapy

8. What was the assessment conclusion for a 4-year-old with stable speech fluency and a history of disfluency?

A. Recommend speech-language intervention

B. Reevaluate her speech development

C. No concerns; she is within normal limits

D. Refer her for fluency therapy

9. In the context of communication strategies, what does the Supported Communication Intervention aim to achieve?

A. Enhance expressive language skills

B. Facilitate interactions for social engagement

C. Improve cognitive function

D. Develop phonological awareness

10. What type of therapy is essential for patients showing signs of emotional distress in dysphagia treatment?

A. Nutritional counseling

B. Behavioral therapy

C. Emotional and psychological support

D. Vocational rehabilitation

Answers

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

Explanations

1. How many continuing education hours are required to maintain a Certificate of Clinical Competence in Speech-Language Pathology?

A. 10 contact hours

B. 20 contact hours

C. 30 contact hours

D. 40 contact hours

To maintain a Certificate of Clinical Competence (CCC) in Speech-Language Pathology, the requirement is to complete 30 contact hours of continuing education every three years. This stipulation ensures that professionals stay updated with the latest knowledge, practices, and advancements in the field, which is crucial in delivering effective therapy to clients. Continuing education can encompass a variety of formats, including workshops, seminars, online courses, and professional conferences. This ongoing professional development is essential for maintaining expertise and competence in a rapidly evolving discipline, thereby enhancing the quality of care provided to clients. The other options reflect lower numbers of required contact hours, which do not meet the established standards set by the American Speech-Language-Hearing Association (ASHA) for maintaining the CCC in Speech-Language Pathology.

2. When a patient with aphasia struggles to write assigned words, what support can the SLP provide?

A. Offering additional verbal instructions

B. Providing letter tiles for writing practice

C. Reducing the number of target words

D. Increasing the frequency of follow-up calls

Providing letter tiles for writing practice is an effective support strategy for a patient with aphasia who struggles with writing. This method allows the individual to engage in a tactile and visual way of constructing words, which can facilitate their understanding of letter formation and spelling. The use of letter tiles can also enhance the patient's ability to focus on the physical act of writing without being overwhelmed by the complexity of writing with a pen or pencil. Using letter tiles caters to the need for multisensory learning, which is beneficial in addressing language challenges. This approach can help bridge the gap in the patient's expressive language skills by providing concrete tools to assist in their writing tasks. It offers a structured and supportive environment, making the writing process more manageable and less frustrating for the individual. In contrast, additional verbal instructions may not improve writing skills significantly without the tactile engagement that letter tiles provide. Reducing the number of target words might simplify tasks, but it does not specifically target the writing difficulty itself. Increasing the frequency of follow-up calls would not directly assist the patient with the actual writing challenge at hand, focusing instead on communication rather than skill practice.

3. What type of information is most useful for an SLP in planning treatment for a child with normal language skills who uses stopping and final consonant deletion?

A. Mean length of utterance

B. Diadochokinetic rate

C. Stimulability information

D. Literacy information

Stimulability information is particularly valuable for an SLP in planning treatment for a child exhibiting stopping and final consonant deletion. Stimulability refers to the child's ability to produce sounds correctly when given models or prompts. This information helps the SLP understand the severity of the phonological processes the child is using and identify specific sounds that the child can produce with some support, which allows for the targeting of therapy interventions. By assessing stimulability, the SLP can create a tailored treatment plan that emphasizes sounds the child is most likely to learn, facilitating quicker progress. It also provides insight into whether the speech errors may resolve naturally or if they need targeted intervention, making it a crucial component of the assessment for children with normal language skills but specific phonological processes. Other options, while informative, may not directly apply to planning treatment for the specified speech patterns. For instance, mean length of utterance focuses on the syntactic complexity of a child's language, which isn't directly related to articulation errors. Similarly, diadochokinetic rate measures the speed and accuracy of movements for speech sound production, rather than targeting the specific phonological processes of stopping and final consonant deletion. Literacy information, although important for overall language development, does not address immediate phon

4. What aspect of speech is primarily targeted when reducing nasal emissions?

A. Manner of articulation

B. Voicing

C. Place of articulation

D. Rate of speech

Reducing nasal emissions primarily targets the manner of articulation in speech. Manner of articulation refers to how airflow is constricted as it passes through the vocal tract, which affects the production of speech sounds. When someone has nasal emissions, it indicates that airflow is incorrectly escaping through the nasal cavity during the production of certain sounds, typically those that should be produced orally. Approaches to address this issue often involve exercises and techniques that help the individual refine their articulation patterns to ensure that sounds are produced primarily with oral airflow, thus reducing the reliance on nasal resonance for specific phonemes. The other options focus on different aspects of speech production that are not directly related to the issue of nasal emissions. Voicing pertains to whether the vocal cords vibrate during sound production, place of articulation involves the location in the vocal tract where the airflow is constricted, and rate of speech deals with the speed at which speech is delivered. While these aspects can indirectly affect speech clarity, they do not specifically address the problem of nasal emissions.

5. Which phonological disfluency involves the omission of sounds to simplify speech?

A. Velar fronting

B. Cluster reduction

C. Liquid gliding

D. Dimunitization

The correct choice relates to a phonological disfluency known as diminutization, which involves the modification of a word by altering its structure to create a simpler or smaller version. In this context, diminutization often refers to the omission of certain sounds, which helps make the speech more manageable for the speaker, especially in children who are developing their language skills. For example, a child might say "kitty" instead of "kitten," successfully reducing the complexity of the word. This simplification process allows young speakers to use language that is easier to articulate, aiding in their overall speech development. The other choices refer to specific processes within phonological development but do not directly center around the idea of omitting sounds to simplify speech in the same way. Velar fronting and liquid gliding pertain to substitutions of sounds, while cluster reduction focuses on the simplification of consonant clusters but does not encapsulate the broader concept of creating diminutive forms of words. Diminutization uniquely captures the essence of simplifying language through sound omission.

6. Which cognitive rehabilitation practice is most effective for helping a patient learn about their external memory aid?

A. Errorless learning

B. Attention process training

C. Method of vanishing cues

D. Expanded rehearsal

Errorless learning is a technique designed to minimize the likelihood of mistakes during the learning process. By providing prompts and cues that ensure the learner succeeds in their efforts from the very beginning, this method is particularly beneficial for individuals who may struggle with memory due to cognitive impairments. In the context of using an external memory aid, errorless learning becomes effective because it allows the patient to engage with the aid in a supportive environment where errors are less likely to occur. As the patient utilizes the external memory aid, they receive immediate assistance that reinforces correct usage without the distractions or discouragement that might come from making errors. By ensuring success and building confidence in the use of the external memory aid, this approach encourages learning retention and promotes independence. Overall, this method is strategically designed to lead patients to internalize the function and benefits of external memory aids much more effectively compared to other methods, which may not focus as specifically on preventing errors during the learning process.

7. What role does the SLP play in managing educational hearings?

A. Conducting hearing tests

B. Prescribing medications

C. Participating in auditory rehabilitation

D. Facilitating speech therapy

The role of the Speech-Language Pathologist (SLP) in managing educational hearings primarily involves facilitating speech therapy. This is important because SLPs are trained to assess and address communication disorders, which can significantly impact a student's ability to participate fully in the educational setting. Through speech therapy, SLPs help students improve their speech clarity, language skills, and overall communication abilities, enabling them to thrive academically. While facilitating speech therapy is a core function of the SLP, their involvement in educational hearings can also extend to advocating for appropriate educational services, making recommendations for support, and collaborating with other professionals to create effective learning environments tailored to the needs of students with communication challenges. The other options are not appropriate roles for SLPs in the context of educational hearings as they involve responsibilities outside the scope of speech-language pathology.

8. What was the assessment conclusion for a 4-year-old with stable speech fluency and a history of disfluency?

A. Recommend speech-language intervention

B. Reevaluate her speech development

C. No concerns; she is within normal limits

D. Refer her for fluency therapy

The conclusion stating that there are "no concerns; she is within normal limits" is appropriate given the child's stable speech fluency and history of disfluency. At the age of four, it is common for children to experience some disfluency as they develop their speech and language skills. If the child has shown stability in her speech fluency without significant disruption to communication or negative impact on her quality of life, this suggests that her speech is developing typically for her age group. Furthermore, the presence of a history of disfluency does not automatically necessitate intervention if the current speech fluency is stable and falls within expected developmental milestones. Therefore, assessing her speech development as normal is valid and reflects a sound understanding of typical childhood speech patterns. This option recognizes her progress and supports the idea that not every instance of developmental disfluency requires intervention, especially if she is communicating effectively and confidently.

9. In the context of communication strategies, what does the Supported Communication Intervention aim to achieve?

A. Enhance expressive language skills

B. Facilitate interactions for social engagement

C. Improve cognitive function

D. Develop phonological awareness

The Supported Communication Intervention is designed to facilitate meaningful interactions between individuals who may have communication difficulties and their communication partners. This approach focuses on creating a supportive environment where individuals can express their thoughts and engage socially, regardless of their communication challenges. By providing tools and strategies that enhance the ability to communicate, the intervention encourages social engagement and interaction, which is essential for building relationships and connections with others. In this context, while enhancing expressive language skills might be a secondary outcome of such interventions, the primary goal is to improve interaction and social participation. Improving cognitive function and developing phonological awareness are not the main objectives of Supported Communication Intervention, as the approach is specifically tailored to foster communication and social connections rather than targeting cognitive or reading skills.

10. What type of therapy is essential for patients showing signs of emotional distress in dysphagia treatment?

A. Nutritional counseling

B. Behavioral therapy

C. Emotional and psychological support

D. Vocational rehabilitation

In dysphagia treatment, providing emotional and psychological support is crucial for patients experiencing signs of emotional distress. Dysphagia can often lead to feelings of anxiety, frustration, and depression due to the difficulties associated with eating and swallowing, which can impact a person's overall quality of life and mental well-being. Emotional and psychological support can help these patients cope with their challenges, fostering a more positive outlook and promoting adherence to treatment protocols. While nutritional counseling is important to ensure that patients meet their dietary needs safely, it does not address the emotional aspects of living with a swallowing disorder. Behavioral therapy may assist in certain scenarios, particularly if there are maladaptive behaviors linked to feeding and eating, but it is not focused entirely on the emotional distress that dysphagia patients might experience. Vocational rehabilitation deals with helping individuals return to work or gain employment, which is not directly related to the immediate emotional support needed for those struggling with dysphagia-related distress. Thus, the emphasis on emotional and psychological support correctly highlights what is essential for addressing the comprehensive needs of patients in dysphagia therapy.

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:

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