

# ILTS Speech-Language Pathologist (SLP): Nonteaching (232) Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. How should an SLP contribute to the development of a student's IEP regarding communication goals?**
  - A. By outlining general communication strategies that lack specificity**
  - B. By sharing insights and strategies tailored to the student's individual communication needs**
  - C. By providing a standardized communication plan applicable to all students**
  - D. By excluding parental input during the evaluation process**
- 2. Which method is recommended for promoting language development in children?**
  - A. Avoiding complex sentences**
  - B. Engaging them in story-telling activities**
  - C. Limiting vocabulary exposure**
  - D. Focusing only on oral language**
- 3. What is receptive language, and how is it commonly assessed?**
  - A. The ability to produce language; assessed through interviews**
  - B. The ability to understand language; assessed via standardized tests**
  - C. The ability to express feelings; evaluated through questionnaires**
  - D. The ability to mimic sounds; evaluated through conversations**
- 4. Which form of communication is likely primary for a student with profound hearing loss using an interpreter?**
  - A. Visual aids**
  - B. ASL**
  - C. Cued speech**
  - D. Speech reading**

- 5. Students with hearing loss benefit from FM/DM systems primarily for which reason?**
- A. They reduce noise reverberation in the classroom**
  - B. They amplify speech around the entire classroom**
  - C. They equalize the signal to noise ratio**
  - D. They improve signal access in a noisy environment**
- 6. What are some characteristics of dysphagia?**
- A. Difficulty in reading skills.**
  - B. Errors in vocabulary use.**
  - C. Difficulty swallowing and choking sensations.**
  - D. Improvement in oral motor skills.**
- 7. What typically characterizes a speech disorder associated with dyskinetic CP?**
- A. Consistent speech patterns**
  - B. Predictable speech errors**
  - C. Involuntary movements affecting speech**
  - D. Clear articulation of language**
- 8. What does the term "silent period" refer to in 2nd language acquisition?**
- A. The student is actively communicating**
  - B. The student is lost in translation**
  - C. The student focuses on listening and comprehension**
  - D. The student is reluctant to learn**
- 9. What ethical responsibility does an SLP fulfill by seeking to advance their knowledge in pediatric dysphagia management?**
- A. Fulfilling continuing education requirements**
  - B. Enhancing their professional competence**
  - C. Reflecting on their prior experiences**
  - D. Preparing to handle complex cases only**

**10. Which guardian report indicates a fluency disorder?**

- A. "He repeats words a lot when he is talking"**
- B. "When she is talking, she frequently says um"**
- C. "He will frequently restate a phrase when he is excited"**
- D. "When she is talking, sometimes she stops and can't make sounds"**

**SAMPLE**

## **Answers**

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

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## **Explanations**

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1. How should an SLP contribute to the development of a student's IEP regarding communication goals?
  - A. By outlining general communication strategies that lack specificity
  - B. By sharing insights and strategies tailored to the student's individual communication needs**
  - C. By providing a standardized communication plan applicable to all students
  - D. By excluding parental input during the evaluation process

The role of the Speech-Language Pathologist (SLP) in the development of a student's Individualized Education Program (IEP) is pivotal, especially regarding communication goals. The correct answer emphasizes the importance of sharing insights and strategies that are specifically tailored to the individual communication needs of the student. SLPs are trained to evaluate and understand each student's unique strengths and challenges related to communication. This individualized approach allows the SLP to recommend targeted strategies and interventions that can effectively support the student's progress. By considering factors such as the student's age, communication abilities, and specific needs, the SLP can outline goals that are relevant and achievable, leading to meaningful improvements in the student's communication skills. Tailoring strategies to a student's individual needs ensures that the goals set are both personalized and applicable, fostering an environment where the student can thrive. This focus on customization is crucial in making the IEP a useful tool for guiding the student's educational journey and is aligned with best practices in special education.

2. Which method is recommended for promoting language development in children?
  - A. Avoiding complex sentences
  - B. Engaging them in story-telling activities**
  - C. Limiting vocabulary exposure
  - D. Focusing only on oral language

Engaging children in story-telling activities is highly recommended for promoting language development. This method is effective because storytelling encourages children to use their imagination, enhances their vocabulary, and helps them understand narrative structure, which is crucial for both listening and speaking skills. When children participate in storytelling, they learn to express their thoughts and emotions, articulate ideas, and respond to questions, all of which foster language acquisition and cognitive development. Additionally, storytelling creates opportunities for rich interactions with caregivers or peers, enabling children to hear and practice new words in context. This form of engagement does not just enhance language skills but also introduces them to the nuances of language, such as rhythm, tone, and expression, which are essential for effective communication. Furthermore, it allows for discussions about themes and morals, promoting critical thinking along with language skills. In contrast, avoiding complex sentences and limiting vocabulary exposure could inhibit language growth by not challenging children to expand their linguistic capabilities. Focusing only on oral language disregards the importance of integrating reading and writing, which are vital components of language development. Thus, storytelling encompasses a holistic approach to building strong language skills.

- 3. What is receptive language, and how is it commonly assessed?**
- A. The ability to produce language; assessed through interviews**
  - B. The ability to understand language; assessed via standardized tests**
  - C. The ability to express feelings; evaluated through questionnaires**
  - D. The ability to mimic sounds; evaluated through conversations**

Receptive language refers to the ability to understand and comprehend spoken language, gestures, or written text. It encompasses skills such as processing vocabulary, following directions, and understanding the meaning behind words and sentences. Assessing receptive language typically involves the use of standardized tests, which are designed to measure an individual's understanding of language. These assessments can include tasks like pointing to pictures in response to verbal prompts or answering questions about a story that has been read aloud. By using such standardized tools, professionals can objectively evaluate the extent of a person's receptive language capabilities, making this method a critical part of speech and language assessments.

- 4. Which form of communication is likely primary for a student with profound hearing loss using an interpreter?**
- A. Visual aids**
  - B. ASL**
  - C. Cued speech**
  - D. Speech reading**

The primary form of communication for a student with profound hearing loss using an interpreter is likely American Sign Language (ASL). ASL is a complete and distinct language that utilizes hand signs, facial expressions, and body language to convey meaning, making it an effective medium for communication among individuals who are deaf or hard of hearing. In educational settings, when an interpreter is present, they typically use ASL to facilitate communication between the student and the teacher or peers. This ensures that the student can fully understand and engage in the classroom environment. The use of ASL can also promote language development, cultural identity, and social connections within the deaf community. While visual aids, cued speech, and speech reading can support communication for those with hearing difficulties, ASL stands out as a primary mode of expression in situations involving interpreting services, particularly for individuals with profound hearing loss, as it allows for rich and nuanced conversations.

**5. Students with hearing loss benefit from FM/DM systems primarily for which reason?**

- A. They reduce noise reverberation in the classroom**
- B. They amplify speech around the entire classroom**
- C. They equalize the signal to noise ratio**
- D. They improve signal access in a noisy environment**

FM/DM systems (Frequency Modulation/Digital Modulation systems) are designed to improve communication for students with hearing loss by providing clearer access to spoken language, especially in challenging listening environments. The primary advantage of these systems lies in their ability to improve signal access in noisy settings. They transmit the teacher's voice directly to the student's hearing aid or cochlear implant, minimizing the interference from background noise that is typical in classroom environments. This direct transmission ensures that the student hears the speaker's voice more clearly over the ambient sounds, which greatly enhances their ability to engage with the instruction being delivered. This is crucial for effective learning, as it allows students to focus on the teacher rather than struggling to separate voice from noise. In contrast, while reducing noise reverberation, amplifying speech throughout the classroom, and equalizing the signal-to-noise ratio are beneficial features, the most critical outcome of using FM/DM systems is the significant improvement in access to the auditory signal in a noisy environment.

**6. What are some characteristics of dysphagia?**

- A. Difficulty in reading skills.**
- B. Errors in vocabulary use.**
- C. Difficulty swallowing and choking sensations.**
- D. Improvement in oral motor skills.**

Dysphagia is a clinical condition specifically characterized by difficulty in swallowing. This includes a range of symptoms, such as choking sensations, the inability to swallow certain foods or liquids, and a feeling that something is stuck in the throat or chest. These symptoms can occur in various populations, including those recovering from strokes, neurological disorders, or other conditions affecting the swallowing mechanism. The other options reflect difficulties related to language, literacy, or oral motor skills, which are not linked to dysphagia. Difficulty in reading skills and errors in vocabulary use pertain to language and learning issues, while improvement in oral motor skills would suggest advancement rather than a difficulty associated with swallowing. Therefore, the correct answer accurately captures the essential characteristics of dysphagia, highlighting the primary concern of swallowing difficulties and choking sensations.

**7. What typically characterizes a speech disorder associated with dyskinetic CP?**

- A. Consistent speech patterns**
- B. Predictable speech errors**
- C. Involuntary movements affecting speech**
- D. Clear articulation of language**

Dyskinetic cerebral palsy (CP) is characterized by involuntary movements that can significantly affect an individual's ability to produce speech. This type of CP includes abnormal muscle tone and atypical movements, which can lead to challenges in coordinating the muscles necessary for articulated speech. As a result, individuals with dyskinetic CP often struggle with phonation, articulation, and the overall production of speech due to these involuntary movements. This can manifest as irregular speech patterns, poor clarity, and difficulties with both the rhythm and rate of speech. In contrast, the other options suggest characteristics that are not typical of dyskinetic CP. Consistent speech patterns and predictable speech errors imply a level of control and stability in speech production that individuals with dyskinetic CP generally do not have. Clear articulation of language also does not align with the involuntary movement aspect of this condition, as clarity of speech would require control that is compromised in dyskinetic CP.

**8. What does the term "silent period" refer to in 2nd language acquisition?**

- A. The student is actively communicating**
- B. The student is lost in translation**
- C. The student focuses on listening and comprehension**
- D. The student is reluctant to learn**

The term "silent period" in second language acquisition refers to a phase during which a learner is not producing speech but is nonetheless actively engaged in listening and comprehending the new language. This phase is crucial as it allows the learner to absorb the sounds, structures, and vocabulary of the language without the pressure of speaking. During this time, the learner may understand more than they can articulate, allowing them to build a foundation for future language use. This process is a natural part of language learning that prepares students for more active participation when they feel ready.

**9. What ethical responsibility does an SLP fulfill by seeking to advance their knowledge in pediatric dysphagia management?**

**A. Fulfilling continuing education requirements**

**B. Enhancing their professional competence**

**C. Reflecting on their prior experiences**

**D. Preparing to handle complex cases only**

Advancing knowledge in pediatric dysphagia management is fundamentally linked to enhancing professional competence. As speech-language pathologists (SLPs) work with children who present with swallowing difficulties, staying informed about the latest research, techniques, and best practices directly impacts the quality of care they provide. By actively seeking further education and training, SLPs ensure that they possess the skills and understanding necessary to effectively evaluate and treat pediatric dysphagia, ultimately leading to improved outcomes for their clients. While fulfilling continuing education requirements may be a component of this process, the broader emphasis is on the commitment to growth and improvement in one's professional abilities. Reflecting on prior experiences can provide valuable insights, but it does not inherently advance their knowledge base in the area of dysphagia. The aim is not merely preparation for handling complex cases but to continuously elevate practice standards and deliver safe, effective, and ethical treatment for all clients with feeding and swallowing disorders.

**10. Which guardian report indicates a fluency disorder?**

**A. "He repeats words a lot when he is talking"**

**B. "When she is talking, she frequently says um"**

**C. "He will frequently restate a phrase when he is excited"**

**D. "When she is talking, sometimes she stops and can't make sounds"**

The report that indicates a fluency disorder describes a situation where the individual sometimes stops and cannot produce sounds while speaking. This behavior is characteristic of stuttering or other fluency disorders, where individuals struggle with the flow of speech, leading to disruptions such as blocks or pauses when they can't get the words out. These interruptions often create anxiety or frustration, significantly impacting communication effectiveness. In contrast, other statements describe behaviors that may not necessarily indicate a fluency disorder. For example, repeating words or phrases can be common in typical speech development or may indicate other issues, like retrieval difficulties, rather than specific fluency challenges. Similarly, using filler words like "um" is often a natural part of speaking and not necessarily indicative of a fluency disorder. Therefore, the focus on the inability to produce sounds in the provided report clearly aligns with the characteristics of a fluency disorder.