

Praxis SLP License 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. In therapy, a child shows sustained interest in learning. This is indicative of?**
 - A. Readiness for intervention**
 - B. Indicators of frustration**
 - C. Mixed engagement levels**
 - D. Interest in varied communicative tasks**
- 2. In a patient recovering from a stroke, increased speech disfluencies may suggest what type of issue?**
 - A. Developmental stuttering problem**
 - B. Need for an MRI**
 - C. Neurogenic origin stuttering**
 - D. Psychogenic stuttering**
- 3. What best describes Paul, who grappled with stuttering but managed to conceal it in social situations?**
 - A. Paul exhibits hysterical stuttering**
 - B. Paul should have had behaviorally focused therapy**
 - C. Paul should maintain his current level of fluency**
 - D. Paul is a covert stutterer**
- 4. Which term best describes the speech sound errors /sepun/ for /spun/ and /dzu/ for /zu/?**
 - A. Backing and reduplication**
 - B. Tetism and deaffrication**
 - C. Epenthesis and affrication**
 - D. Fronting and stopping**
- 5. What type of training could improve a communication partner's effectiveness when a patient experiences frequent communication breakdowns?**
 - A. Writing skills practice**
 - B. Repair strategies training**
 - C. Active listening techniques**
 - D. Articulation correction exercises**

- 6. Which characteristic is a focus of intervention in children who stutter?**
- A. Reducing articulation errors**
 - B. Improving grammar skills**
 - C. Enhancing fluent speech**
 - D. Increasing vocabulary**
- 7. What is the most important factor to consider in AAC intervention for a patient with amyotrophic lateral sclerosis?**
- A. The patient will require multiple AAC systems**
 - B. The patient will have frequent need for feature matching**
 - C. The patient will benefit more from articulatory based intervention**
 - D. The patient will require a nonlinguistic AAC system**
- 8. A SLP is using the cycles remediation approach for a child with multiple phoneme errors. What should the SLP do to utilize this treatment approach?**
- A. Target a different phoneme each treatment session**
 - B. Provide multiple input modes for phoneme productions**
 - C. Target different areas of language for generalization**
 - D. Target word pairs contrasted by a single phoneme**
- 9. What would be a likely goal for an SLP working with a client struggling with orthographic knowledge?**
- A. To improve narrative discourse abilities**
 - B. To enhance spelling and writing skills**
 - C. To develop phonological processing**
 - D. To increase verbal comprehension**
- 10. A person has a vital capacity of 5 liters and performs restful breathing, exchanging half a liter. What is their expiratory reserve volume?**
- A. 1.5 liters**
 - B. 2 liters**
 - C. 2.5 liters**
 - D. 3.5 liters**

Answers

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

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Explanations

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1. In therapy, a child shows sustained interest in learning. This is indicative of?

- A. Readiness for intervention**
- B. Indicators of frustration**
- C. Mixed engagement levels**
- D. Interest in varied communicative tasks**

A child demonstrating sustained interest in learning during therapy strongly suggests readiness for intervention. Readiness for intervention is characterized by a child's engagement and motivation to participate, which can significantly enhance the effectiveness of therapeutic techniques. When a child is eager to learn and actively involved in the process, it indicates that they are mentally prepared and willing to engage with the tasks set before them. This enthusiasm can lead to better outcomes, as children who are more engaged are likely to absorb and apply new information and skills effectively. The other options suggest different scenarios that do not align with a child showing sustained interest. Indicators of frustration would imply a lack of engagement or confusion, while mixed engagement levels would suggest fluctuations in interest, which doesn't reflect a consistent desire to learn. Interest in varied communicative tasks, while a positive sign of curiosity, does not specifically address the child's readiness for intervention as robustly as sustained interest does.

2. In a patient recovering from a stroke, increased speech disfluencies may suggest what type of issue?

- A. Developmental stuttering problem**
- B. Need for an MRI**
- C. Neurogenic origin stuttering**
- D. Psychogenic stuttering**

Increased speech disfluencies in a patient recovering from a stroke can indeed suggest a neurogenic origin for stuttering. Neurogenic stuttering often arises from neurological damage, which could include tissue loss or disruption in the areas of the brain responsible for speech planning and execution. This type of disfluency typically manifests as inconsistent and irregular speech patterns and can be exacerbated by stress or fatigue. In contrast, developmental stuttering usually occurs in childhood and is characterized by a different pattern of disfluency that stems from the normal fluctuations in speech development. An MRI, while important for diagnosing brain damage, does not directly relate to the presence of stuttering but rather on identifying the extent of any brain-related issues. Psychogenic stuttering is associated with emotional or psychological factors, which may not be as relevant immediately following a neurological event like a stroke. In summary, the presence of speech disfluencies in the context of a stroke recovery is most consistent with a neurogenic origin, as it directly connects to the brain's health and function after the injury.

3. What best describes Paul, who grappled with stuttering but managed to conceal it in social situations?

- A. Paul exhibits hysterical stuttering**
- B. Paul should have had behaviorally focused therapy**
- C. Paul should maintain his current level of fluency**
- D. Paul is a covert stutterer**

The most fitting description of Paul is that he is a covert stutterer. Covert stuttering refers to individuals who struggle with stuttering but develop strategies to hide or conceal their disfluencies in social situations. This may include avoiding certain words or situations, using fillers, or altering their speech patterns to mask their stuttering. Paul's ability to manage and conceal his stuttering indicates he has adapted to his condition while still experiencing the challenges associated with it. In contrast, the other options do not align with the provided context. Hysterical stuttering is a less common term often associated with emotional trauma rather than the typical speech patterns seen in covert stuttering. Behaviorally focused therapy is a treatment option but does not pertain directly to Paul's ability to manage his stuttering in social settings. Maintaining his current level of fluency implies a sense of satisfaction or stability with his speech, while covert stuttering typically involves an ongoing struggle with speech challenges, even if outwardly masked. Hence, the characterization of Paul as a covert stutterer accurately reflects his experience.

4. Which term best describes the speech sound errors /sepun/ for /spun/ and /dzu/ for /zu/?

- A. Backing and reduplication**
- B. Tetism and deaffrication**
- C. Epenthesis and affrication**
- D. Fronting and stopping**

The speech sound errors /sepun/ for /spun/ and /dzu/ for /zu/ demonstrate specific phonological processes. In the first example, the initial /s/ sound is substituted for /sp/, indicating an alteration in the place of articulation, where the sound is produced further back in the mouth. This phenomenon can be associated with backing, as it reflects a shift from a front or centrally articulated sound to a more posterior one. In the second example, /dzu/ for /zu/, the deletion of the initial /z/ sound and the substitution with /d/ showcases a process wherein a fricative sounds like /z/ is replaced with a stop /d/, which is characteristic of stopping. Therefore, these terms accurately capture the transformation of speech sounds as they were originally articulated. While the other options involve processes such as reduplication, affrication, epenthesis, and others, they do not accurately reflect the changes observed in the provided speech sound errors. Understanding the processes that describe the errors is crucial for diagnosing and treating speech sound disorders effectively.

5. What type of training could improve a communication partner's effectiveness when a patient experiences frequent communication breakdowns?

- A. Writing skills practice
- B. Repair strategies training**
- C. Active listening techniques
- D. Articulation correction exercises

Repair strategies training is particularly effective in improving a communication partner's ability to navigate and resolve communication breakdowns. This type of training focuses on teaching individuals how to identify when a breakdown occurs and what strategies they can use to re-establish communication. Techniques might include asking clarifying questions, rephrasing what was said, or summarizing the information to ensure understanding. By equipping communication partners with these strategies, they become more adept at managing misunderstandings and facilitating clearer exchanges, ultimately leading to more successful interactions. This approach is especially important in environments where frequent breakdowns are a challenge, as it directly addresses the need for immediate and effective responses to communication difficulties. In contrast, the other options, while beneficial in specific contexts, do not target the immediate need to repair communication when breakdowns occur. Writing skills practice and articulation correction exercises focus on skills related to linguistic or phonetic abilities but do not address the dynamic nature of communication in real-time interactions. Active listening techniques enhance overall communication but may not specifically equip a partner with the tools needed to repair misunderstandings effectively.

6. Which characteristic is a focus of intervention in children who stutter?

- A. Reducing articulation errors
- B. Improving grammar skills
- C. Enhancing fluent speech**
- D. Increasing vocabulary

The focus of intervention in children who stutter primarily revolves around enhancing fluent speech. This approach aims to address the core characteristics of stuttering, which include disruptions in the flow of speech and difficulties in producing smooth and uninterrupted speech patterns. Interventions typically involve techniques that help the child develop strategies for managing their stuttering more effectively, promoting fluency, and reducing the frequency and severity of stuttering events. In contrast, the other options such as reducing articulation errors, improving grammar skills, and increasing vocabulary, while important components of overall language development, do not specifically target the fundamental issues associated with stuttering. These areas may be part of a holistic approach to speech and language development but are not the primary focus of stuttering intervention. The goal is to equip children with tools and strategies that enhance their ability to speak fluently, thus addressing their immediate communication needs.

7. What is the most important factor to consider in AAC intervention for a patient with amyotrophic lateral sclerosis?

- A. The patient will require multiple AAC systems**
- B. The patient will have frequent need for feature matching**
- C. The patient will benefit more from articulatory based intervention**
- D. The patient will require a nonlinguistic AAC system**

In the context of AAC (augmentative and alternative communication) intervention for a patient with amyotrophic lateral sclerosis (ALS), considering the frequent need for feature matching is essential. Feature matching involves assessing an individual's specific communication needs and preferences, current abilities, and limitations, and matching them with appropriate AAC tools and strategies. This process is particularly crucial for individuals with ALS, as the disease progresses and their communication abilities can change over time. As ALS is characterized by a gradual loss of motor function and speech production, the communication needs of the patient will evolve. Regular feature matching ensures that the chosen AAC system remains effective and suitable as the patient's abilities decline. It allows for ongoing adjustments to the AAC system to accommodate changing physical capabilities and to ensure effective communication. In contrast, other considerations, such as using multiple AAC systems or implementing nonlinguistic systems, may not be as beneficial as a flexible approach that adapts to the patient's changing needs. Similarly, while articulatory-based interventions may have their place, they might not effectively support a patient in the advanced stages of ALS, where motor control may be significantly impaired. Therefore, continual feature matching stands out as the most critical factor in providing successful AAC intervention for these patients.

8. A SLP is using the cycles remediation approach for a child with multiple phoneme errors. What should the SLP do to utilize this treatment approach?

- A. Target a different phoneme each treatment session**
- B. Provide multiple input modes for phoneme productions**
- C. Target different areas of language for generalization**
- D. Target word pairs contrasted by a single phoneme**

The cycles remediation approach is specifically designed to address phonological disorders by systematically targeting different phonemes over a series of therapy sessions. This method focuses on the idea that children benefit from hearing and practicing a particular phoneme in multiple contexts before moving on to a new sound. By targeting a different phoneme in each treatment session, the speech-language pathologist can provide the child with ample practice and auditory exposure to that sound, facilitating the development of phonological skills. Additionally, this approach allows the child to master one sound before introducing another, promoting a more effective learning process. The cycles are typically organized around specific time frames, allowing each phoneme to be targeted repeatedly, which can improve retention and generalization across various speaking situations. Employing other strategies such as providing multiple input modes or targeting different areas of language may play a role in a comprehensive treatment plan but does not align specifically with the cycles approach's structure and goals. Similarly, focusing on word pairs that contrast a single phoneme is more relevant to traditional phonetic approaches rather than the cyclical focus of the cycles remediation method. Thus, systematically targeting a different phoneme each session best fits the framework and purpose of the cycles approach.

9. What would be a likely goal for an SLP working with a client struggling with orthographic knowledge?

- A. To improve narrative discourse abilities**
- B. To enhance spelling and writing skills**
- C. To develop phonological processing**
- D. To increase verbal comprehension**

Enhancing spelling and writing skills is a likely goal for a speech-language pathologist (SLP) working with a client struggling with orthographic knowledge. Orthographic knowledge refers to a person's understanding of the writing system of a language, which includes the relationships between sounds (phonemes) and letters (graphemes), as well as the conventions of spelling. When clients have difficulties in orthographic knowledge, it often impacts their ability to spell words accurately and to write effectively. Focusing on spelling and writing skills allows the SLP to target the specific deficits in their understanding of how letters are used to represent sounds in written form, thus improving their overall literacy skills. This goal is directly aligned with the necessary skills needed for successful reading and writing, making it a crucial area of focus in therapy. Other options, such as improving narrative discourse abilities or developing phonological processing, while relevant to communication, do not directly address the specific area of orthographic knowledge. Similarly, increasing verbal comprehension is important; however, it pertains more to understanding spoken language rather than the mechanics of writing. Therefore, enhancing spelling and writing skills is the most appropriate focus for someone facing challenges in orthographic knowledge.

10. A person has a vital capacity of 5 liters and performs restful breathing, exchanging half a liter. What is their expiratory reserve volume?

- A. 1.5 liters**
- B. 2 liters**
- C. 2.5 liters**
- D. 3.5 liters**

To determine the expiratory reserve volume (ERV) in this scenario, it's essential to understand the definitions and relationships among vital capacity, tidal volume, and expiratory reserve volume. Vital capacity refers to the maximum amount of air that can be exhaled after a maximum inhalation and includes several components: tidal volume (the amount of air exchanged during restful breathing), inspiratory reserve volume, and expiratory reserve volume. In this case, the person has a vital capacity of 5 liters and is performing restful breathing, where they are exchanging half a liter with each breath. Tidal volume, therefore, is 0.5 liters. Given the formula for calculating vital capacity: $\text{Vital Capacity} = \text{Tidal Volume} + \text{Inspiratory Reserve Volume} + \text{Expiratory Reserve Volume}$. If we denote the inspiratory reserve volume as IRV and recognize that during restful breathing, a person does not actively utilize this volume, we can abstract it for this question. The vital capacity has to account for all three components. Given that the total vital capacity is 5 liters, we can break it down: $5 \text{ liters} = 0.5 \text{ liters (Tidal Volume)} + \text{IRV} + \text{ERV}$. When we want to isolate ERV, it becomes: $\text{ERV} =$

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://praxis-slp.examzify.com>

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