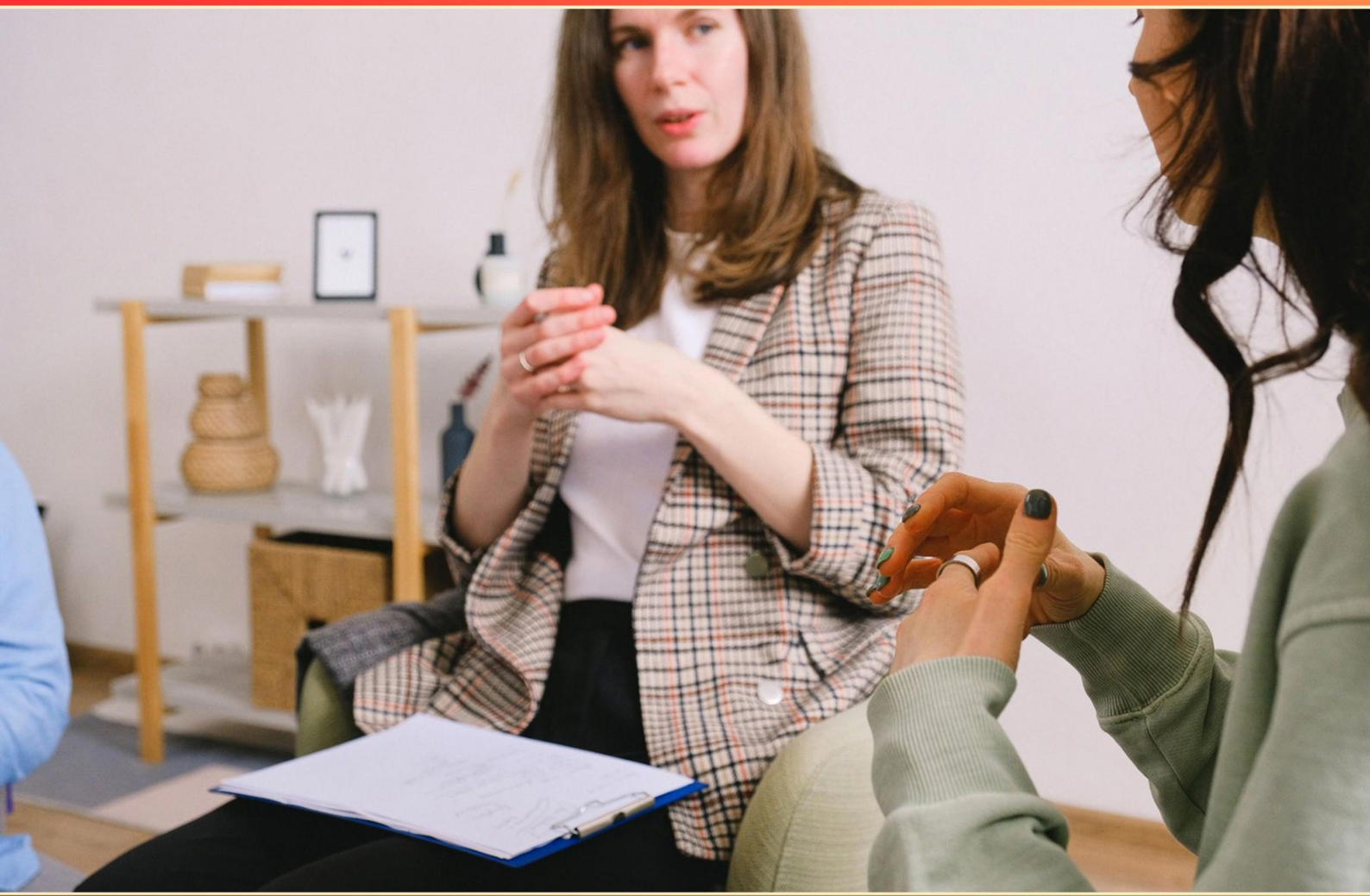
# PRAXIS SPEECH□LANGUAGE PATHOLOGY (5331) FORM 1 PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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https://praxis5331form1.examzify.com

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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. **If a physician suggests melodic intonation therapy for a client, what should the SLP do next?**

   A. Provide the therapy as recommended

   B. Explain the therapy to the spouse

   C. Determine the therapy's appropriateness for the client

   D. Tell the physician their recommendation is inappropriate

2. **Children with specific language impairments often show significant challenges in which area?**

   A. Production of sentences with appropriate morphology

   B. Acquisition of word meanings

   C. Comprehension of short sentences

   D. Motoric aspects of written expression

3. **Which two views are essential for a standard videofluoroscopic swallow study?**

   A. Frontal and Transverse

   B. Lateral and Anterior-posterior

   C. Transverse and Lateral

   D. Frontal and Anterior-posterior

4. **Which objective would NOT be characteristic of a linguistic approach to treatment?**

   A. The child will correctly produce sound patterns in structured tasks.

   B. The child will participate in interactive play to practice targeted sounds.

   C. The child will identify and articulate specific sounds in isolation.

   D. The child will demonstrate sound contrasts in spontaneous speech.

5. **What does a clinician employing active listening primarily do?**

   A. Take extensive notes

   B. Respond to both content and affect of client remarks

   C. Guide the client to specific answers

   D. Conduct a strict clinician-directed interview

**6. What articulation characteristic suggests a diagnosis of developmental apraxia of speech in a child?**

A. Groping of sounds

B. Consistent speech production

C. Clear articulation of all sounds

D. Age-appropriate language skills

**7. What is a common sign of language disorder in preschool-aged children?**

A. Excessive vocabulary development

B. Delayed vocabulary development

C. Advanced sentence structure

D. Fluent speech with complex ideas

**8. What information is least important to include in an evaluation report justifying individual treatment for a toddler with apraxia of speech?**

A. A description of the child's typical interaction with peers

B. Relevant prognostic data

C. Information about apraxia of speech

D. A description of the language development of the child's older siblings

**9. What is the most important acoustic cue that distinguishes between an unreleased final /p/ and an unreleased final /b/?**

A. Locus frequency of burst

B. Voice onset time

C. Vocal fundamental frequency

D. Duration of the preceding vowel

**10. Compared to children without language disorders, children with language disorders tend to ask:**

A. More open-ended questions

B. Fewer open-ended questions

C. More closed questions

D. More indirect requests

# Answers

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

# Explanations

## 1. If a physician suggests melodic intonation therapy for a client, what should the SLP do next?

A. Provide the therapy as recommended

B. Explain the therapy to the spouse

C. Determine the therapy's appropriateness for the client

D. Tell the physician their recommendation is inappropriate

*In the context of speech-language pathology, when a physician recommends a specific therapy such as melodic intonation therapy, the next crucial step for the speech-language pathologist (SLP) is to assess the appropriateness of the therapy for the individual client. This involves evaluating the client's specific needs, strengths, and challenges, taking into account factors such as the nature of their speech-language disorder, their cognitive and emotional status, and any personal preferences. Melodic intonation therapy is typically used for clients, particularly those with non-fluent aphasia, who may benefit from enhancing their speech production through rhythm and melody. However, it is essential to determine if this approach aligns with the client's profile and if they are likely to respond positively to this type of intervention. By thoroughly assessing the client, the SLP can ensure that the therapy is tailored effectively, increasing the likelihood of successful outcomes. Providing the therapy immediately, explaining it to a spouse without the client's involvement, or dismissing the physician's recommendation without consideration could overlook the client-centered approach that is fundamental in speech-language pathology. Each client is unique, and thorough evaluation is necessary to establish the best course of action.*

## 2. Children with specific language impairments often show significant challenges in which area?

A. Production of sentences with appropriate morphology

B. Acquisition of word meanings

C. Comprehension of short sentences

D. Motoric aspects of written expression

*The production of sentences with appropriate morphology is a significant challenge for children with specific language impairments (SLI) because these children often have difficulty with the rules that govern the structure of words and sentences. Morphology involves the use of prefixes, suffixes, and proper verb forms, all of which are essential for constructing grammatically correct sentences. Children with SLI may struggle to apply these morphosyntactic rules consistently, leading to errors such as missing plural forms, incorrect tense usage, or improper sentence structure. This difficulty can affect their overall communication effectiveness and hinder their academic performance, particularly in areas that require written and spoken language proficiency. While the other difficulties are also relevant to children with specific language impairments, the focus on morphological production is particularly critical as it directly impacts their ability to form complex and varied sentences, which is a key aspect of language development.*

**3. Which two views are essential for a standard videofluoroscopic swallow study?**

A. Frontal and Transverse

B. Lateral and Anterior-posterior

C. Transverse and Lateral

D. Frontal and Anterior-posterior

*The correct answer highlights the importance of the lateral and anterior-posterior views in conducting a standard videofluoroscopic swallow study ( VFSS). The lateral view is crucial because it provides a side perspective of the swallowing process, allowing clinicians to observe the esophagus, airway protection, and any potential aspiration. This view helps assess the timing and coordination of the swallowing phases, making it easier to identify issues related to movement and positioning. The anterior-posterior view complements the lateral view by offering insights into as well as identifying any asymmetries or abnormalities in the structures involved in swallowing. This view helps assess the integrity of the oropharynx and other important anatomical considerations that may affect swallowing function. Together, these two views provide a comprehensive understanding of the swallowing mechanism, making it possible to accurately diagnose and manage dysphagia and related disorders.*

**4. Which objective would NOT be characteristic of a linguistic approach to treatment?**

A. The child will correctly produce sound patterns in structured tasks.

B. The child will participate in interactive play to practice targeted sounds.

C. The child will identify and articulate specific sounds in isolation.

D. The child will demonstrate sound contrasts in spontaneous speech.

*The objective that states the child will identify and articulate specific sounds in isolation does not align with a linguistic approach to treatment. A linguistic approach emphasizes the use of sound contrasts and production in more naturalistic contexts rather than focusing on isolated sounds. This means that therapy typically targets the use of sounds within meaningful communication or in connected speech, rather than practicing them in isolation. The other objectives are inherently more consistent with a linguistic framework because they involve the application of sound patterns and contrasts in interactive and spontaneous settings, which better reflect the child's use of language during everyday communication. Practicing sounds in structured tasks, engaging in interactive play to practice sounds, and demonstrating sound contrasts in spontaneous speech all support the development of the child's understanding and use of language within a linguistic context, promoting generalization and functional use in various scenarios.*

## 5. What does a clinician employing active listening primarily do?

A. Take extensive notes

B. Respond to both content and affect of client remarks

C. Guide the client to specific answers

D. Conduct a strict clinician-directed interview

*A clinician employing active listening engages deeply with the client's verbal and non-verbal communication by responding to both the content and the affect of their remarks. This process involves not just the words spoken but also the emotions and feelings underlying those words. By acknowledging and validating the client's feelings, the clinician creates an empathetic environment that fosters trust and encourages openness. This approach enhances the therapeutic relationship, as clients feel heard and understood, which is crucial for effective communication and treatment. In this context, taking extensive notes may detract from the clinician's ability to maintain an engaged presence with the client, whereas guiding the client to specific answers can shift the focus away from understanding the client's perspective. Similarly, a strict clinician-directed interview may limit the opportunity for clients to express their emotions and thoughts fully, which is contrary to the ethos of active listening. Therefore, responding to both the content and the affect is essential in facilitating a meaningful dialogue and supporting the client's therapeutic journey.*

## 6. What articulation characteristic suggests a diagnosis of developmental apraxia of speech in a child?

A. Groping of sounds

B. Consistent speech production

C. Clear articulation of all sounds

D. Age-appropriate language skills

*The presence of groping of sounds is a hallmark characteristic that suggests a diagnosis of developmental apraxia of speech in a child. This groping behavior occurs when a child struggles to coordinate the movements needed for speech. They may exhibit visible efforts as they try to find the correct position of the tongue, lips, and jaw to produce the intended sounds. This characteristic can manifest as difficulty initiating sounds or making inconsistent attempts to produce words. In developmental apraxia of speech, children may demonstrate variability in their speech attempts, leading to inconsistent articulation even when they have the cognitive ability to understand the speech sounds they are trying to produce. Groping can be quite distinct from typical speech development patterns, where children might show more consistent sound production as they practice and refine their abilities. Overall, groping of sounds underscores the motor planning difficulties that are intrinsic to apraxia, as opposed to other speech sound disorders that may not involve such noticeable physical struggle during sound production.*

## 7. What is a common sign of language disorder in preschool-aged children?

A. Excessive vocabulary development

B. Delayed vocabulary development

C. Advanced sentence structure

D. Fluent speech with complex ideas

*Delayed vocabulary development is a well-recognized indicator of language disorders in preschool-aged children. During this critical period of language acquisition, children typically experience rapid growth in their vocabulary, learning new words and concepts as they are exposed to language in various contexts. If a child is demonstrating vocabulary skills that are significantly behind their peers—such as limited word usage or difficulty in learning new words—this can signal a potential language disorder. In typical development, children around this age will begin combining words to form simple phrases and sentences, but a child with a language disorder may struggle to keep up, which can interfere with their ability to communicate effectively. This delay can affect not only their spoken language but also their comprehension and social interaction skills, as vocabulary is foundational for successful communication. Listening for signs of delayed vocabulary development, such as a limited repertoire of words or a lack of engagement in conversations, can help identify children who may benefit from early intervention services to support their language growth.*

## 8. What information is least important to include in an evaluation report justifying individual treatment for a toddler with apraxia of speech?

A. A description of the child's typical interaction with peers

B. Relevant prognostic data

C. Information about apraxia of speech

D. A description of the language development of the child's older siblings

*In evaluating a toddler with apraxia of speech, the most critical elements typically focus on the child's current condition, relevant background context, and any prognostic information necessary for devising an effective treatment plan. While the language development of siblings may provide some indirect insights into familial communication patterns, it does not hold significant relevance to the individualized treatment planning for the child in question. Understanding the specifics of the child's speech disorder, including the nature of apraxia and its impact on their ability to communicate, is essential for tailoring interventions. Prognostic data can help gauge the expected outcomes of therapy and guide realistic goal setting. Additionally, insight into the child's typical interactions with peers can inform methods of promoting social communication skills. In contrast, details about an older sibling's language development do not directly influence the assessment or treatment plan for the toddler and may obscure the focus needed on the child's unique challenges and needs. Thus, while it may be interesting and somewhat relevant to family dynamics, it is the least important information for justifying individual treatment for the child with apraxia.*

**9. What is the most important acoustic cue that distinguishes between an unreleased final /p/ and an unreleased final /b/?**

A. Locus frequency of burst

B. Voice onset time

C. Vocal fundamental frequency

D. Duration of the preceding vowel

*The most important acoustic cue that distinguishes between an unreleased final /p/ and an unreleased final /b/ is the duration of the preceding vowel. In phonetics, the perception of voicing in stops is often influenced by the length of the vowel that comes before them. An unreleased final /b/ is typically preceded by a longer vowel compared to an unreleased final /p/. This difference in vowel duration provides listeners with crucial information about the voicing of the final stop, as longer vowels suggest a voiced consonant, while shorter vowels are associated with voiceless stops. By understanding this relationship, speech-language pathologists can better analyze and support clients with speech production difficulties, particularly in distinguishing between voiced and voiceless consonants in their speech. Other factors like voice onset time and locus frequency of burst are applicable in different contexts but are less significant in this specific scenario of unreleased stops.*

**10. Compared to children without language disorders, children with language disorders tend to ask:**

A. More open-ended questions

B. Fewer open-ended questions

C. More closed questions

D. More indirect requests

*Children with language disorders often demonstrate differences in their communication styles compared to their typically developing peers. One key characteristic is their likelihood of asking fewer open-ended questions. Open-ended questions require more linguistic complexity and the ability to organize thoughts, which can be challenging for children with language disorders. These children may struggle with formulating questions that invite expansive responses, often resorting to simpler, more direct forms of questioning. This can result in a tendency to ask closed questions, which are typically structured to elicit a yes or no response, rather than engaging in a more dynamic dialogue that open-ended questions promote. By contrast, open-ended questions often necessitate a higher level of cognitive and linguistic skills, as they require the individual to consider multiple facets of a topic and articulate their thoughts in a more developed way. Therefore, the observed behavior of asking fewer open-ended questions among children with language disorders reflects their challenges with language function and complexity in communication.*

# 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://praxis5331form1.examzify.com

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