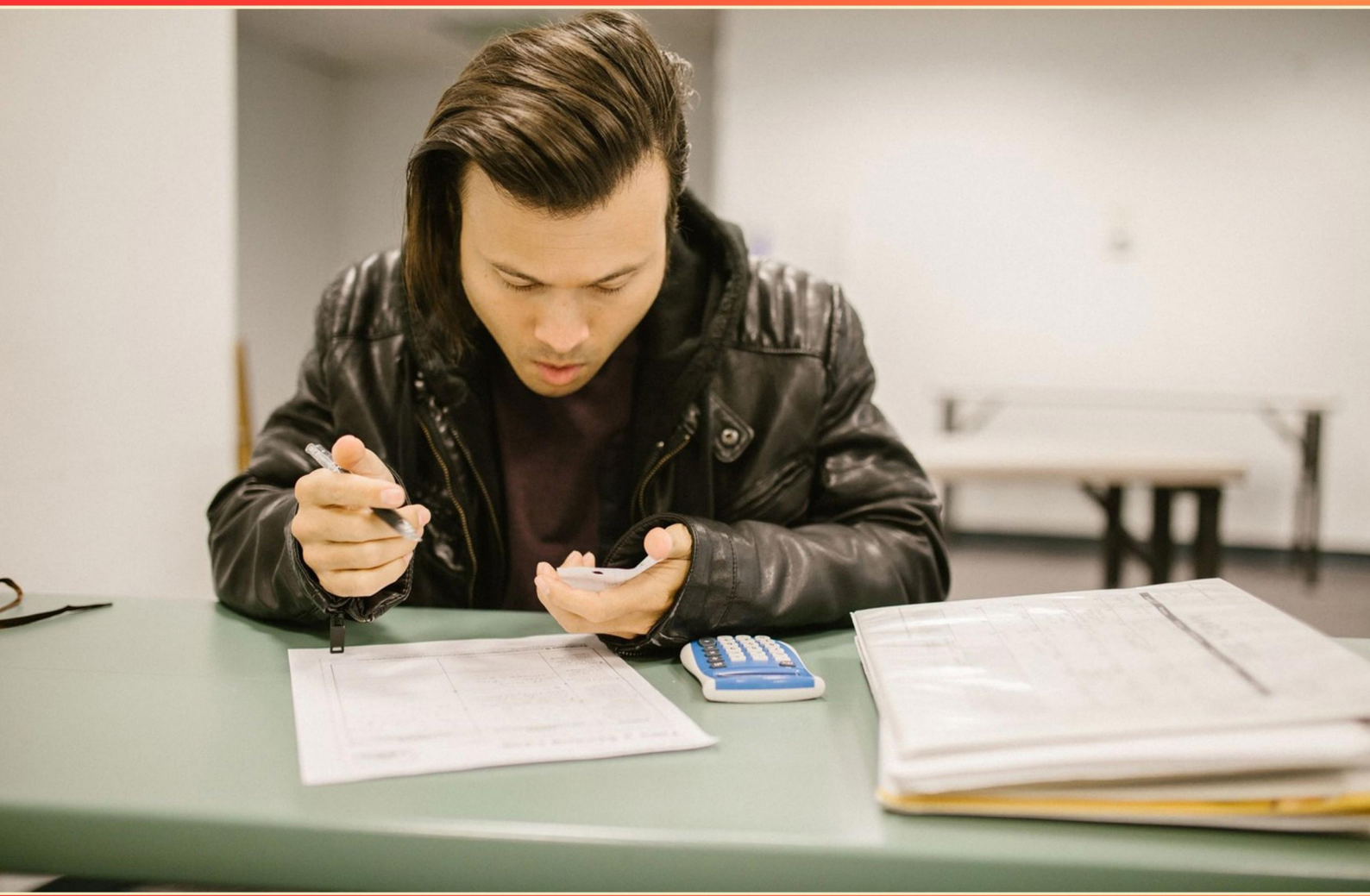
ETS FORM 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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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.

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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!

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Questions

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1. **The sentence 'Visiting friends can be a nuisance' is often used to test which language ability?**

   A. Recognize syntactic ambiguity

   B. Interpret metaphoric language

   C. Distinguish homophones by means of syntactic cues

   D. Recognize a semantically anomalous sentence

2. **When treating a client using an electronic augmentative-communication device, the speech-language pathologist's primary goal should be to**

   A. Ensure that the client develops skill in using every technical aspect of the aid

   B. Ensure that the client's caregivers learn how to modify the aid's hardware and any applicable software to meet the client's communication needs

   C. Train the client to use the aid as independently and interactively as possible in a variety of settings

   D. Help the client develop the skills necessary for moving on to a more sophisticated device

3. **For an adult with dementia, which approach is most appropriate to maximize communication success?**

   A. Provide individual language drills

   B. Impose strict memory exercises

   C. Group activities focusing on social chatter

   D. Educate and adjust living environment for caregivers

4. **Research on intensive phonemic-awareness treatment for reading suggests that**

   A. Is effective only for children from 4 to 8 years old

   B. Is effective mainly with children who have remediated all phonological process errors

   C. Is effective only when combined with a supplemental literacy program

   D. Might have no direct relationship to improvement in reading abilities

5. **Before initiating voice intervention, what is most important for the SLP to determine?**

   A. Cause of the client's voice problem

   B. Client's breathing patterns

   C. Client's oral motor skills

   D. Fundamental frequency of the client's laryngeal tone

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6. Which statement most accurately represents the etiology of cleft palate?

A. Genetic factors alone

B. Environmental influences alone

C. Genetic factors interacting with environmental influences

D. Medications taken by the mother during pregnancy

7. In a swallowing diagram of oral, pharyngeal, and esophageal structures, which description best fits the bolus transit at the moment depicted?

A. The bolus is being propelled from the oral cavity by the tongue and has entered the pharynx.

B. The bolus is traveling through the esophagus.

C. The bolus has passively exited the oral cavity without propulsion by the tongue.

D. Laryngeal penetration of some of the bolus is evident.

8. Hearing loss in infants born with a cleft palate is usually related to which of the following?

A. Cochlear dysfunction

B. Inability to create positive pressure in the oral cavity

C. Eustachian tube dysfunction

D. Malformation of the middle-ear ossicles

9. Which outcome is a typical functional consequence of injury to the left recurrent laryngeal nerve?

A. Paralysis of the left vocal fold with hoarseness

B. Loss of sensation in laryngeal mucosa

C. Inability to swallow saliva

D. Reduced gag reflex

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10. What is the most appropriate first step for the director of a new speech-language clinic to secure referrals?

A. Wait for demand to increase on its own, because marketing speech-language services is against the ASHA Code of Ethics

B. Identify and define the major consumer groups and referral sources, and develop a plan to reach them

C. Identify the weaknesses in the competition, and inform consumer groups and referral sources of the weaknesses

D. Ask local hospitals to provide names of recent clients likely to need speech-language services

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Answers

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

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Explanations

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1. The sentence 'Visiting friends can be a nuisance' is often used to test which language ability?

A. Recognize syntactic ambiguity

B. Interpret metaphoric language

C. Distinguish homophones by means of syntactic cues

D. Recognize a semantically anomalous sentence

Recognizing syntactic ambiguity is being tested. In the sentence, the phrase "Visiting friends" can be parsed in two ways: it can mean the act of visiting friends (where the activity is the subject), or it can mean friends who are visiting (where a participle describes the noun). Both readings are grammatically plausible, so the surface sentence supports more than one interpretation. This highlights the ability to identify when structure, not just word meaning, leads to different understandings. It's not about metaphor, homophones, or a semantic oddity—the meaning stays plausible in both parses, but the interpretation shifts with the syntax.

2. When treating a client using an electronic augmentative-communication device, the speech-language pathologist's primary goal should be to

A. Ensure that the client develops skill in using every technical aspect of the aid

B. Ensure that the client's caregivers learn how to modify the aid's hardware and any applicable software to meet the client's communication needs

C. Train the client to use the aid as independently and interactively as possible in a variety of settings

D. Help the client develop the skills necessary for moving on to a more sophisticated device

Maximizing independence and functional communication across settings is the primary aim when using an electronic augmentative-communication device. The best use of the device is to empower the client to communicate as autonomously as possible and to engage interactively in real-life conversations across different environments—home, school, community, and social settings. This focus helps the client initiate messages, navigate and access vocabulary, and participate in conversations with minimal prompting, leading to meaningful social participation and better generalization of skills beyond therapy sessions. While caregiver training and future device upgrades are important considerations, they support the main goal of real-world, independent communication rather than becoming ends in themselves. Mastery of every technical detail is less critical than the ability to convey messages effectively and participate actively in daily life.

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3. For an adult with dementia, which approach is most appropriate to maximize communication success?

A. Provide individual language drills

B. Impose strict memory exercises

C. Group activities focusing on social chatter

D. Educate and adjust living environment for caregivers

Effective communication with someone who has dementia hinges on how the surrounding environment and the caregiver support the conversation. Educating caregivers and adjusting the living setting provides the best foundation for successful interaction because it directly shapes the conditions under which communication happens. When caregivers are trained, they learn to use clear, simple language, one idea at a time, speak slowly, face the person, and maintain steady routines. They also learn to create a supportive environment: minimize background noise, use good lighting, place familiar cues and labels within reach, and keep predictable, structured schedules. All of these adjustments reduce confusion and cognitive load, making it easier for the person to understand and respond, which in turn sustains meaningful dialogue and reduces frustration. Other approaches often focus narrowly on the person or on activities that may not translate to everyday conversations. Individual language drills or strict memory exercises don't necessarily improve real-world communication, and group chatter can be overwhelming or unfocused for someone with dementia. The caregiver-education and environmental-adjustment approach addresses the practical context of daily communication, making it the most effective way to maximize communication success.

4. Research on intensive phonemic-awareness treatment for reading suggests that

A. Is effective only for children from 4 to 8 years old

B. Is effective mainly with children who have remediated all phonological process errors

C. Is effective only when combined with a supplemental literacy program

D. Might have no direct relationship to improvement in reading abilities

Phonemic awareness helps you hear and manipulate individual sounds, which is essential for decoding. But those sound-focused skills don't automatically improve reading unless they're practiced in the context of reading itself. When intensive phonemic-awareness work is combined with a broader literacy program, children get systematic instruction in not just sounding out words, but also applying those skills while reading and writing. This combo gives them decoding practice, opportunities to build word recognition, and guided literacy tasks that help transfer phonemic skills into actual reading gains. That integration is why the finding supports the idea that benefits appear most reliably when phonemic-awareness training is paired with a supplemental literacy program. The other statements don't align with the evidence: age ranges aren't the sole determinant of effectiveness, remediation of every phonological error isn't required, and there is a relationship to reading improvement when the training is embedded in broader literacy instruction.

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5. Before initiating voice intervention, what is most important for the SLP to determine?

A. Cause of the client's voice problem

B. Client's breathing patterns

C. Client's oral motor skills

D. Fundamental frequency of the client's laryngeal tone

Determining why the voice is different in this person is essential because the treatment approach hinges on the underlying cause. The SLP's evaluation aims to identify whether the problem is due to functional misuse, structural or medical factors, neurologic issues, or a combination. Knowing the cause guides the intervention plan—what targets to address, what techniques to teach, and whether medical referral or collaboration with an ENT is needed. Breathing patterns, oral motor skills, and the fundamental frequency of the voice are important pieces of information to gather, and they can influence or reflect the disorder. However, they don't alone dictate the most effective course of treatment. For example, a voice problem caused by vocal misuse is treated by altering technique and reducing tension, while a medical pathology requires different management and possible medical follow-up. So, identifying the cause first sets the direction for therapy.

6. Which statement most accurately represents the etiology of cleft palate?

A. Genetic factors alone

B. Environmental influences alone

C. Genetic factors interacting with environmental influences

D. Medications taken by the mother during pregnancy

Cleft palate arises from a combination of inherited susceptibility and environmental exposures; it's a multifactorial condition. Genes that influence craniofacial development interact with factors present during pregnancy—such as nutrition, maternal health, and exposures—to increase risk. This interplay explains why the condition isn't fully accounted for by genetics alone or by environmental factors alone, and it fits why certain medications during pregnancy can influence risk only as part of a broader gene–environment context.

7. In a swallowing diagram of oral, pharyngeal, and esophageal structures, which description best fits the bolus transit at the moment depicted?

A. The bolus is being propelled from the oral cavity by the tongue and has entered the pharynx.

B. The bolus is traveling through the esophagus.

C. The bolus has passively exited the oral cavity without propulsion by the tongue.

D. Laryngeal penetration of some of the bolus is evident.

Recognize the swallowing stages by where the bolus is located. If the bolus is seen traveling through the esophagus, that places it in the esophageal stage, after it has already moved through the mouth and pharynx into the upper esophageal sphincter, and it's being carried downward by esophageal peristalsis toward the stomach. Propulsion by the tongue happens during the oral stage, so moving from the mouth into the pharynx isn't the moment described. Laryngeal penetration involves the bolus entering the laryngeal inlet during the pharyngeal stage, not during transit through the esophagus. So the description that fits the moment depicted is that the bolus is traveling through the esophagus.

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8. Hearing loss in infants born with a cleft palate is usually related to which of the following?

A. Cochlear dysfunction

B. Inability to create positive pressure in the oral cavity

C. Eustachian tube dysfunction

D. Malformation of the middle-ear ossicles

Eustachian tube dysfunction is the key idea. In infants with a cleft palate, the muscles that normally open the Eustachian tube don't work as well because of the altered palate structure, so the middle ear can't vent properly. This creates negative pressure in the middle ear and leads to fluid buildup (otitis media with effusion), which causes a conductive hearing loss. If the inner ear were the problem, or if the issue were about oral pressure, the pattern of hearing loss wouldn't fit cleft palate cases as neatly. Malformations of the middle-ear bones are less commonly the cause here. So the usual link between cleft palate and hearing loss is this impaired middle-ear ventilation from Eustachian tube dysfunction.

9. Which outcome is a typical functional consequence of injury to the left recurrent laryngeal nerve?

A. Paralysis of the left vocal fold with hoarseness

B. Loss of sensation in laryngeal mucosa

C. Inability to swallow saliva

D. Reduced gag reflex

The left recurrent laryngeal nerve carries sensory fibers from the mucosa below the vocal cords. When this nerve is injured, that sensation is lost, producing numbness of the laryngeal mucosa in the infraglottic region. This loss of sensation is a typical functional consequence of RLN injury because it directly reflects the sensory role of the nerve in the lower part of the larynx. The nerve also has motor fibers to most intrinsic laryngeal muscles, so motor effects like vocal fold weakness can occur, but sensations to the laryngeal mucosa below the cords are a characteristic and specific outcome of RLN damage. Choices reflecting gag reflex or swallowing involve other nerves, not the recurrent laryngeal nerve.

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10. What is the most appropriate first step for the director of a new speech-language clinic to secure referrals?

A. Wait for demand to increase on its own, because marketing speech-language services is against the ASHA Code of Ethics

B. Identify and define the major consumer groups and referral sources, and develop a plan to reach them

C. Identify the weaknesses in the competition, and inform consumer groups and referral sources of the weaknesses

D. Ask local hospitals to provide names of recent clients likely to need speech-language services

A proactive, organized approach to building referrals starts with understanding who would need your services and who can refer clients to you, then planning how to reach them. Identifying and defining the major consumer groups and referral sources, and developing a plan to reach them, provides a clear, targeted direction for outreach. This helps you tailor messages to different audiences—referrers like physicians, pediatricians, school teams, early intervention programs, and other professionals, as well as consumers such as parents and caregivers—so your communications address their specific needs and decision factors. It also ensures you use time and resources efficiently and ethically, building credibility and relationships before demand grows organically. By contrast, waiting for demand deprives you of momentum, attempting to obtain client names from hospitals breaches privacy and standards, and focusing on competitors' weaknesses isn't productive as a first step.

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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://etsform1.examzify.com

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

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