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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

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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. **For whom is the chin-down posture ineffective in eliminating thin-liquid aspiration?**

   A. People with cricopharyngeal dysfunction

   B. People who aspirate residue from the pyriform sinuses

   C. People with impaired lingual function

   D. People who aspirate residue from the valleculae

2. **Which strategy is best for minimizing the perception of mild nasal emission during speech?**

   A. Increasing fundamental frequency

   B. Using light articulatory contacts

   C. Reducing mouth opening

   D. Increasing rate of speech

3. **What commonly observed pattern in young children involves changing the sounds of liquids to glides?**

   A. Dimunitization

   B. Liquid gliding

   C. Cluster reduction

   D. Velar fronting

4. **What should be the focus of intervention for a child with developmental speech disorders?**

   A. Maximum speech output

   B. Articulation at a single word level

   C. Functional communication skills

   D. Fluency enhancement

5. **Which recommendation is best for optimizing feeding for an infant with cleft lip and palate?**

   A. Providing a bottle rather than breast-feeding the infant

   B. Positioning the infant in a supine position during feeding times

   C. Allowing the infant to take as much time as needed to feed

   D. Using a bottle with a modified nipple during feedings

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6. What is the most appropriate assessment task for a patient with verbal apraxia of speech?

A. Repeating words of increasing length

B. Recalling three common items

C. Performing voluntary oral movements

D. Following two-step commands

7. What should be considered first when assessing a student with speech concerns affecting spelling performance?

A. Auditory discrimination

B. Dialectal differences

C. Disordered phonological system

D. Dyslexia

8. A 6-year-old child has difficulty producing both regular and irregular plural forms. Which level of language intervention should be targeted?

A. Syntax

B. Phonology

C. Morphology

D. Semantics

9. What is the primary purpose of the Peabody Picture Vocabulary Test—Revised?

A. Assess expressive language skills

B. Assess both receptive and expressive language skills

C. Assess receptive language skills

D. Assess verbal reasoning skills

10. Which form of intervention is most suitable for enhancing patient engagement in therapy?

A. Strict reminders of dietary restrictions

B. Regular check-ins and supportive communication

C. Encouragement to self-monitor

D. Setting aggressive therapy goals

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Answers

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

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Explanations

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1. For whom is the chin-down posture ineffective in eliminating thin-liquid aspiration?

A. People with cricopharyngeal dysfunction

B. People who aspirate residue from the pyriform sinuses

C. People with impaired lingual function

D. People who aspirate residue from the valleculae

The chin-down posture is primarily designed to help manage swallowing difficulties by narrowing the airway entrance and using gravity to assist in moving bolus material. It is particularly effective for individuals who may have trouble with coordination during swallowing or who are at risk for aspiration due to issues like impaired lingual function or poor airway closure. For those who aspirate residue from the pyriform sinuses, this posture may be ineffective because the residue is located below the level of the airway, and simply tucking the chin may not adequately address the aspiration that occurs from that anatomical location. The chin-down posture does not help in clearing remnants from pyriform sinuses as effectively as it might for other issues, since the residue can still be positioned to move into the airway despite the posture change. In this way, it indicates a less appropriate strategy for managing that specific swallowing concern. In contrast, the other options involve conditions that can benefit from this posture as they relate more directly to airway protection and bolus transportation.

2. Which strategy is best for minimizing the perception of mild nasal emission during speech?

A. Increasing fundamental frequency

B. Using light articulatory contacts

C. Reducing mouth opening

D. Increasing rate of speech

Using light articulatory contacts is effective for minimizing the perception of mild nasal emissions during speech because it encourages a more relaxed and subtle approach to articulation. This method focuses on gently bringing the speech organs (such as the tongue and lips) into contact without excessive force. This gentle contact can help improve the clarity of speech and reduce the tendency for excess air to escape through the nasal cavity, which is often associated with nasal emissions. By using light articulatory contacts, the speaker is less likely to overload the oral cavity with air pressure, which contributes to more fluid and clearer sounds. This approach can specifically benefit individuals who may have mild articulation problems linked to velopharyngeal function, as it promotes better air management and sound quality. In contrast, increasing fundamental frequency, reducing mouth opening, and increasing the rate of speech may not adequately address the issue of nasal emissions. These strategies can potentially lead to increased tension or other speech characteristics that may not aid in reducing the perceived nasal quality of speech.

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3. What commonly observed pattern in young children involves changing the sounds of liquids to glides?

A. Dimunitization

B. Liquid gliding

C. Cluster reduction

D. Velar fronting

Liquid gliding is a phonological process that is commonly observed in young children, where they change the sounds associated with liquid consonants, such as /l/ and /r/, to glide consonants like /w/ and /j/. For instance, a child might say "wabbit" instead of "rabbit" or "yelo" instead of "yellow." This process is considered a normal part of speech development and typically resolves as a child matures and gains more control over their articulation skills. In this context, liquid gliding specifically addresses the transformation of liquid sounds, making it the most accurate choice. The other processes listed, such as diminutization, cluster reduction, and velar fronting, refer to different phonological patterns that involve other types of sound changes. Diminutization involves altering a word to make it sound smaller or more endearing, cluster reduction deals with simplifying consonant clusters, and velar fronting refers to the substitution of sounds produced at the back of the mouth with sounds produced at the front. These processes do not encompass the specific changes that take place with liquid sounds as seen in liquid gliding.

4. What should be the focus of intervention for a child with developmental speech disorders?

A. Maximum speech output

B. Articulation at a single word level

C. Functional communication skills

D. Fluency enhancement

Focusing on functional communication skills is essential for children with developmental speech disorders because it addresses the child's ability to effectively communicate in real-life situations. This approach emphasizes the importance of using language in a manner that is meaningful and applicable to daily interactions, allowing the child to express their needs, thoughts, and emotions. By prioritizing functional communication, interventions can promote not only speech clarity but also the child's overall communicative competence, which includes understanding when and how to communicate in different contexts. This is particularly important for children, as their ultimate goal is to interact with peers and adults, engage socially, and become active participants in their environment. While maximum speech output and articulation at a single word level may contribute to aspects of speech development, they do not encompass the broader goal of enhancing meaningful communication. Similarly, fluency enhancement, while important for children who stutter, does not relate to the overall communication function that children with developmental speech disorders need to develop. Thus, the emphasis on functional communication ensures that the child's skills are transferable and practical in everyday life.

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5. Which recommendation is best for optimizing feeding for an infant with cleft lip and palate?

A. Providing a bottle rather than breast-feeding the infant

B. Positioning the infant in a supine position during feeding times

C. Allowing the infant to take as much time as needed to feed

D. Using a bottle with a modified nipple during feedings

The recommendation of using a bottle with a modified nipple during feedings is optimal for infants with cleft lip and palate because it addresses their unique feeding challenges. Infants with these conditions often have difficulty achieving a proper seal and generating enough suction with standard nipples, which can lead to ineffective feeding and frustration for both the infant and caregiver. A modified nipple can help by providing an easier flow of milk and accommodating the infant's needs for managing the oral environment, facilitating a more successful feeding experience. Additionally, this approach allows for a better fit, which can help reduce the risk of aspiration and ensure that the infant receives adequate nutrition. The design of modified nipples often supports the feeding process, allowing for greater control over the flow of milk, which is particularly important when dealing with the anatomical considerations associated with cleft lip and palate. Positioning an infant supine while feeding can increase the risk of aspiration, and while breast-feeding can be beneficial, it may not be suitable for all infants with cleft issues. Allowing the infant to take as much time as needed to feed is important for comfort and nurturing but does not specifically address the mechanical difficulties faced due to cleft palate. Therefore, utilizing a bottle with a modified nipple directly targets and remedies the

6. What is the most appropriate assessment task for a patient with verbal apraxia of speech?

A. Repeating words of increasing length

B. Recalling three common items

C. Performing voluntary oral movements

D. Following two-step commands

Repeating words of increasing length is an appropriate assessment task for a patient with verbal apraxia of speech because it targets the specific difficulty these individuals have with planning and coordinating the movements needed for speech production. This condition often manifests as inconsistent errors in speech, difficulty articulating sounds, and challenges with forming complete words—especially as the complexity of the task increases. When patients are asked to repeat longer words or phrases, clinicians can better observe the patient's ability to sequence speech movements and identify specific difficulties they encounter as the length and complexity of speech increases. While options such as recalling three common items may assess memory or expressive language abilities, they do not specifically evaluate motor planning and speech production, which are central difficulties in verbal apraxia. Performing voluntary oral movements might provide some insight into the patient's motor capabilities but doesn't directly assess their speech production skills in the context of verbal apraxia. Following two-step commands relates more to comprehension and may not adequately pinpoint the speech planning challenges faced by someone with verbal apraxia. Thus, repeating words of increasing length directly addresses the core issues linked to this diagnosis and provides valuable information for assessment and subsequent treatment planning.

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7. What should be considered first when assessing a student with speech concerns affecting spelling performance?

A. Auditory discrimination

B. Dialectal differences

C. Disordered phonological system

D. Dyslexia

When assessing a student with speech concerns that impact spelling performance, it is crucial to first consider dialectal differences. Dialectal variations can significantly influence how a student perceives and produces language. Understanding these differences is essential, as they can affect the student's phonological awareness and subsequently their spelling abilities. For instance, a student may be proficient in their dialect but struggle with standard spelling conventions that do not align with their spoken language patterns. Recognizing this beforehand allows educators and speech-language pathologists to accurately assess the student's capabilities without imposing biases related to standard language norms. In contrast, while auditory discrimination, a disordered phonological system, and dyslexia are all relevant factors in assessing spelling issues, they may not be the initial starting point in evaluation. Understanding a student's dialect is foundational, as it shapes their communication patterns and influences other areas of speech and literacy. This consideration helps ensure that assessments and interventions are appropriately tailored to the individual's linguistic background.

8. A 6-year-old child has difficulty producing both regular and irregular plural forms. Which level of language intervention should be targeted?

A. Syntax

B. Phonology

C. Morphology

D. Semantics

The correct focus for a child who has difficulty producing both regular and irregular plural forms is morphology. Morphology is the branch of linguistics that deals with the structure of words and the formation of word forms. It encompasses the rules that govern the formation of plurals, including both regular forms (like 'cats' from 'cat') and irregular forms (like 'children' from 'child'). In this scenario, targeting morphology is essential because the child needs to be taught how to apply the rules involved in forming plurals correctly. By working on morphology, the child will improve their understanding and usage of these grammatical structures, enhancing their overall language skills. Other options, while important aspects of language development, do not directly address the specific challenge presented. Syntax relates to sentence structure and word order, phonology is concerned with the sound system of language, and semantics deals with meaning. Since the issue at hand pertains specifically to how words are formed, morphology is the most appropriate level of intervention.

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9. What is the primary purpose of the Peabody Picture Vocabulary Test—Revised?

A. Assess expressive language skills

B. Assess both receptive and expressive language skills

C. Assess receptive language skills

D. Assess verbal reasoning skills

The Peabody Picture Vocabulary Test—Revised is specifically designed to assess receptive language skills. Its primary purpose is to evaluate an individual's understanding of vocabulary by measuring their ability to recognize and comprehend words as they relate to pictures. This test typically requires the participant to select images that correspond to verbal prompts, indicating their grasp of the meanings of various words. In contrast, assessments of expressive language skills focus on a person's ability to produce language, including speaking and writing, which is not the emphasis of the Peabody Picture Vocabulary Test. Furthermore, while some assessments combine both receptive and expressive skills, the Peabody test distinctly targets only receptive vocabulary. Verbal reasoning skills pertain to solving problems or making inferences based on language, which is also outside the scope of this specific test. Thus, the correct answer highlights the test's focused aim on measuring how well individuals understand spoken language through their responses to visual stimuli.

10. Which form of intervention is most suitable for enhancing patient engagement in therapy?

A. Strict reminders of dietary restrictions

B. Regular check-ins and supportive communication

C. Encouragement to self-monitor

D. Setting aggressive therapy goals

Regular check-ins and supportive communication are critical for enhancing patient engagement in therapy. This approach fosters a supportive therapeutic relationship, which can increase a patient's comfort level and willingness to participate actively in their treatment. Frequent communication allows for the establishment of rapport, understanding patient concerns, and reinforcing positive behaviors, contributing to greater involvement in the therapeutic process. The emphasis on support and ongoing dialogue helps patients feel valued and heard, which can significantly affect their motivation and adherence to treatment plans. Having a therapist who actively checks in can also assist patients in articulating their struggles and successes, leading to a more personalized and effective therapy experience. Other approaches, while they might have their benefits, do not focus as much on the supportive interaction that is crucial for enhancing patient engagement. For instance, strict reminders of dietary restrictions may create feelings of pressure or anxiety rather than encouragement. Encouragement to self-monitor can foster independence but does not necessarily facilitate the open communication essential for deeper engagement. Setting aggressive therapy goals might lead to feelings of overwhelm or discouragement if the patient finds them unattainable, thus hindering their overall involvement in therapy.

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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:

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

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