Overview

• Test at a Glance – Melissa Passe
• Clinical Management – Melissa Passe
• Dysphagia – Ken Logan
• Child Language – Diane Paul
• School-Based Issues – Deborah Dixon
• Praxis Overview – Kathy Pruner
Test at a Glance

### Speech-Language Pathology (5331)

#### Test at a Glance

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Speech-Language Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Code</td>
<td>5331</td>
</tr>
<tr>
<td>Time</td>
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<tr>
<td>Number of Questions</td>
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<tr>
<td>Format</td>
<td>Selected-response questions</td>
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<tr>
<td>Test Delivery</td>
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#### Content Categories

<table>
<thead>
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<th>Content Categories</th>
<th>Approximate Number of Questions</th>
<th>Approximate Percentage of Examination</th>
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<td>$33\frac{1}{3}%$</td>
</tr>
<tr>
<td>II. Screening, Assessment, Evaluation, and Diagnosis</td>
<td>44</td>
<td>$33\frac{1}{3}%$</td>
</tr>
<tr>
<td>III. Planning, Implementation, and Evaluation of Treatment</td>
<td>44</td>
<td>$33\frac{1}{3}%$</td>
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</table>
SLP 5331 Study Companion

- Provides test blueprint (TAAG)
- Sample questions with answers and rationales
- General information and study tips
- Study plan document
Changes to the categories and proportions

Test Name: Speech-Language Pathology
Test Code: 5331
Time: 150 minutes
Number of Questions: 132
Format: Selected-response questions
Test Delivery: Computer delivered

<table>
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<tr>
<th>Content Categories</th>
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<tr>
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<td>III. Planning, Implementation, and Evaluation of Treatment</td>
<td>44</td>
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About This Test

The Speech-Language Pathology test measures knowledge important for independent practice as a speech-language pathologist in all primary employment settings, including schools, hospitals, clinics, private practice, etc. The examination is typically taken by examinees who are in or who have completed a master’s degree program in the field of speech-language pathology.
About This Test

The Speech-Language Pathology test measures knowledge important for independent practice as a speech-language pathologist in all primary employment settings, including schools, hospitals, clinics, private practice, etc. The examination is typically taken by examinees who are in or who have completed a master’s degree program. Recognized as the national examination in speech-language pathology, the test is one of several requirements for the Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association (ASHA). The test is also used by state boards that license speech-language pathologists, and by state agencies that license speech-language pathologists to work in school settings. Examinees may obtain complete information about certification or licensure from the authority or state or local agency from which certification or licensure is sought. (ASHA can be found at www.asha.org.)

The 132 selected-response test questions assess foundational knowledge, knowledge of professional practice, and specialized knowledge as it is applied across practice ranging from screening and assessment to treatment and treatment evaluation. The questions test knowledge and its application across the “big nine” areas of practice: speech sound production; fluency; voice, resonance, and motor speech; receptive and expressive language; social aspects of communication, including pragmatics; cognitive aspects of communication; augmentative and alternative communication; hearing; and feeding and swallowing. The content of the test is based on a practice and curriculum analysis commissioned by ASHA: a national survey of speech-language pathologists in both clinical and educational settings.

This test may contain some questions that will not count toward your score.
## What’s Changed with the SLP Test?

<table>
<thead>
<tr>
<th></th>
<th>Speech-Language Pathology 5331</th>
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<tr>
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<td>132 selected-response questions</td>
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<td>I. Basic Human Communication Processes</td>
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<td>V. Audiology/Hearing</td>
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<td>VI. Clinical Management</td>
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<td></td>
<td>VII. Professional Issues/Psychometrics/Research</td>
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<td>250 – 990 in 10-point intervals</td>
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<tr>
<td><strong>Study Companion practice questions</strong></td>
<td>32 sample questions with answers and rationales are provided</td>
<td>24 sample questions with answers and rationales are provided</td>
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The Big 9

1. Foundations
2. Professional Practice
3. Screening
4. Approaches to Assessment and Evaluation
5. Assessment Procedures and Assessment
6. Etiology
7. Treatment Planning
8. Treatment Evaluation
9. Treatment
Clinical Management
A 5-year-old female, Abby, is brought in to you by her parents for a speech evaluation. It is reported by the parents that Abby talks all the time but is very difficult for her friends and neighbors to understand. Abby is an only child and has met all of her developmental milestones. Upon informally assessing Abby in structured play you determine that she is 50% unintelligible. English is the only language spoken in the home. Abby is friendly and outgoing and not afraid to verbally engage with you while she is in your office.
Clinical Management Question 1

Which of the following evaluation measures should you include right away?

a. An oral mechanism examination and hearing screening
b. A videostrobe of her larynx and PPVT
c. An articulation and/or phonological exam
d. Answers A and C
As you are assessing Abby you learn that several sounds are consistently misarticulated. She often produces t/k. You need to know if Abby can produce /k/ in isolation. You model placement and production of /k/ and then ask her to imitate your model. This is an example of assessing Abby’s

a. diadochokinetic skills
b. receptive phonology skills
c. general phonological knowledge
d. stimulability
Clinical Management Question 3

You determine that Abby uses a number of phonological processes. One of the frequently occurring processes is stopping. You know this when you hear Abby produce

a. ruz/rush
b. nake/snake
c. tu/shoe
d. bae/bath
Clinical Management Question 4

One of the approaches you could employ in treatment with Abby is the use of distinctive features. When using this you would

a. use auditory bombardment as a permanent component of each intervention

b. determine Abby’s underlying patterns and train several sounds within those patterns so that generalization to other surrounding sounds would occur

c. use minimal pairs

d. answers B & C
Professional Issues Questions

According to ASHA standards, which of the following activities would NOT be within the scope of practice for a speech-language pathologist?

a. Using instruments such as stroboscopy, video fluoroscopy, and nasendoscopy

b. Fitting and prescribing hearing aids for your aural rehab patient (Key—hearing aid distribution and fitting is not within the ASHA scope for the SLP)

c. Assessing and treating swallowing and upper aerodigestive disorders in infant feeding

d. Prescribing AAC devices and systems
Professional Issues Question 2

You are about to begin your CF experience. You have found a CF mentor and are ready to begin your employment. Your mentor works in the same building that you do and plans to observe you quite often face to face. You must first:

a. Submit a plan in writing to the CFCC to approve your employment setting
b. Check the certification status of your mentor and ensure he/she is in good standing
c. Make sure your CF mentor has supervised at least 5 other CF individuals before you
d. Pay the CF mentor yourself to supervise you
Dysphagia Case Study
Dysphagia Case Study

Patient is a 71-year-old female admitted yesterday with a right side pontine stroke that has destroyed all pontine motor and sensory nuclei. The patient failed the bedside nursing swallowing screen. Her prior medical history includes chronic obstructive pulmonary disease. Five years earlier she underwent an aortic valve replacement under routine, uncomplicated endotracheal intubation and immediate post-operative extubation, after which she awoke with breathy dysphonia. She was found to have a paralyzed vocal fold and the next year underwent a thyroplasty.
Dysphagia Question 1

Which of the following impairments would be directly associated with the pontine stroke? Choose all that are correct.

a) Weakness in right mandible elevation and depression causing impaired mastication.

b) Weakness in hyolaryngeal excursion on the right side causing impaired opening of the upper esophageal sphincter during the pharyngeal swallow.

c) Loss of all tactile (touch, pain, temperature, pressure) sensation in the right oral cavity anterior to the soft palate.

d) Loss of all left sided oral tactile (touch, pain, temperature, pressure) sensation in the left oral cavity anterior to the soft palate, and loss of left sided mandible elevation.
Which of the following is the most likely scenario explaining the prior history of postoperative dysphonia and vocal fold paralysis?

a. The right vocal fold was paralyzed because of traumatic endotracheal intubation during surgery.

b. The right vocal fold was paralyzed because right recurrent laryngeal nerve courses under the arch of the aorta before ascending to innervate the right larynx and muscles that move the right vocal folds.

c. The left vocal fold was paralyzed because the left recurrent laryngeal nerve courses under the arch of the aorta before ascending to innervate the left larynx and muscles that move the left vocal folds.

d. The left vocal fold was paralyzed because it is innervated by cranial nerves that originate in right pontine motor nuclei.
Dysphagia Question 3

According to the literature regarding swallow-respiratory coordination in healthy persons, patients with chronic obstructive pulmonary disease (COPD) and patients with stroke, which of the following statements is true? Choose all that are correct.

a. Healthy adults tend to exhale after swallowing while patients with COPD tend to inhale after swallowing.

b. Post-swallow exhalation occurs with the same frequency in patients with COPD as occurs in healthy persons.

c. Post-swallow exhalation occurs with significantly lower frequency in patients with COPD than occurs in healthy persons.

d. Post-swallow exhalation occurs with significantly lower frequency in patients with stroke than occurs in healthy persons.
Dysphagia Question 4

Which of the following statements about oral endotracheal intubation in this case is true? Choose all that are correct.

a. This patient was intubated for a “prolonged duration.”

b. Endotracheal intubation can cause mucosal trauma to the inside of the larynx including the vocal folds.

c. Endotracheal intubation is a common cause of vocal fold paralysis.

d. For the described surgery, the patient had a tracheostomy tube that was inserted through a surgically created incision on the anterior neck.
Child Language Case Study
Child Language Case Study

Louis and Casey seek an evaluation for their 4-year-old daughter, Lena. Her preschool teacher says that Lena doesn’t play or talk much to children or adults. She rarely looks at the parents when she talks and she ignores questions. She doesn’t say what she wants. She doesn’t take turns or start conversations. The SLP conducts a comprehensive evaluation, which confirms these communication behaviors.
Child Language Case Study

In addition to the communication behaviors described, the assessment reveals that

1. Most familiar and unfamiliar listeners understand Lena’s speech, but she mispronounces the /r/ and /s/ sounds.

2. Lena uses four- to five-word utterances, but has mistakes like “I goed home.”

3. Lena comprehends most of what is said at home and at school.

4. Lena does not display repetitive patterns of behavior.
Child Language Question 1

What is the most likely diagnosis or conclusion based on these communication, speech, and language findings?

a. Autism spectrum disorder
b. Social (pragmatic) communication disorder
c. Specific language impairment with a mild speech-sound production disorder
d. Typical development across domains
Jeremy is a 2-year-old boy. His parents are concerned because he is not talking. Jeremy’s pediatrician told the parents that he will outgrow the problem. They said that all children develop at a different pace and they shouldn’t be concerned. The SLP evaluates Jeremy as part of an early intervention team. The team finds that Jeremy’s hearing is normal and he has no other developmental delays. Jeremy typically uses sounds and gestures to communicate. He responds to his own name and follows simple directions. He has about 10 single words, but they are not intelligible.
Child Language Question 2

Based on this assessment information, the SLP decides to provide the parents with a list of language stimulation exercises? What else would be SLP be likely to recommend?

a. Suggest that the parents monitor speech and language development for 6 months. Indicate that Jeremy is likely a late talking child who will catch up soon.

b. Start an early intervention program focused primarily on expressive language.

c. Start an early intervention program focused primarily on receptive language.

d. Start an early intervention program focused primarily on speech sound production.
Child Language Case Study

Parents have come to an SLP with concerns about their 4-year-old child’s reading and writing ability. Lyndsay can point to and name pictures in a book. She likes having books read to her. She can turn pages one at a time. She doesn’t say rhyming words and doesn’t realize that words can be broken into smaller segments. She doesn’t know printed letters in the alphabet and doesn’t realize that letters have sounds. Receptive and expressive language skills are consistent with typical development.
Child Language Question 3

What would be the likely course of action for the SLP?

a. Advise the parents that Lyndsay is proceeding according to typical development for written language; suggest that they continue to read to her.

b. Indicate that reading skills are emerging but appear to be at a 2- to 3-year level. Start an SLP treatment program focused on word recognition and using words in a story.

c. Indicate that reading skills are approximately 2 years delayed. Start an SLP treatment program focused on learning sound-letter correspondence.

d. Conduct an evaluation of speech sound development.
School-Based Questions
A referral is sent to the school’s SLP, because a student is having difficulty learning new vocabulary, summarizing what he’s read, and participating in classroom discussions.

What would be the most appropriate response to this referral?

A. Provide direct service within Response to Intervention model for the student.
B. Contact the family, requesting permission to conduct a full evaluation.
C. Conduct a screening with the student.
D. Refer the student to the reading specialist.
If the student is found to be in need of an evaluation, what must be included in the Evaluation Report? (Choose all correct answers.)

A. Summary of input from the family and classroom teachers.
B. Information about all areas of the child’s functioning (e.g., communication, intelligence, motor abilities).
C. Only information regarding the child’s academic and communication skills.
D. Recommendations regarding eligibility for special education.
Schools

If this student’s primary language is not English, which is the best way to administer the tests?

A. Using only assessments normed for the student’s native language.
B. Using the language the child commonly uses.
C. First administering in English, then in the student’s native language.
D. Using a family member to interpret the tests.
Schools

Which of the following must be followed in the school setting (choose all correct answers)

A. Family Educational Rights and Privacy Act (FERPA)
B. Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004)
C. Section 504 of the Rehabilitation Act of 1973
D. Americans with Disabilities Reauthorization Act of 2009
Praxis® SLP Test Update
Background on ETS

• Non-profit organization, founded in 1947; combined ACE, Carnegie Foundation and College Entrance Examination Board

• Mission: Advance quality and equity in education for all people worldwide

• ETS develops, administers, and scores
  – 50+ million assessments in
  – 180 countries at over
  – 9,000 locations worldwide
How are ASHA’s Praxis Exams Developed?

1. Practice Analysis
2. Test Blueprint
3. Item Writing
4. Equating Set
5. Validity
6. Standard Setting
7. Passing Score Determined

Test Development/Regeneration Process
# 2014-2015 Testing Schedule

## Computer Testing Windows:

SLP available every month

- 12/8/14 – 12/20/14
- 1/12/15 – 1/24/15
- 2/9/15 – 2/21/15
- 3/9/15 – 3/21/15
- 4/6/15 – 4/17/15
- 5/11/15 – 5/22/15
- 6/15/15 – 6/26/15
- 7/13/15 – 7/25/15
- 8/10/15 – 8/22/15

With computer tests, students can register up to 3 days before test day and not pay a late fee.
Test Prep Materials for
The *Praxis*® SLP Exam
Free Test Prep

• Comprehensive *Praxis* Study Companion
  – Test at a Glance (TAAG)
  – Study Plan document
  – Sample questions with answers and rationales

• **Prerecorded Webinars**: on demand webinar videos
  – Assists those who are not able to attend live webinars due to class, work, or time zone conflicts

• Live one-hour webinars: *all start at 1:00 P.M. ET*
  – Tuesday, January 27, 2015
# Sample Study Plan Using Study Companion

<table>
<thead>
<tr>
<th>Content covered</th>
<th>Description of content</th>
<th>How well do I know the content? (scale 1–5)</th>
<th>What resources do I have/need for this content?</th>
<th>Where can I find the resources I need?</th>
<th>Dates I will study this content</th>
<th>Date completed</th>
</tr>
</thead>
</table>

- **Content based on TAAG**

Test taker fills in grid to develop study plan
“Strategies for Success” Video
www.ets.org/praxis/strategiesforsuccess
“What to Expect on Testing Day” Video
www.ets.org/praxis/testday
Updated Computerized Testing Experience Video

www.ets.org/praxis/computertestingdemo
Interactive Practice Tests

• Detailed explanations for correct answers to the practice questions
• Content category scores indicating the number of questions answered correctly in each content category to help you understand your performance level
• Real test directions and questions similar to those you will see on test day
• A timer that simulates the actual test experience
• $17.95 for 10 uses or 90 days
• SLP Interactive Practice Test - available Jan. 2105
Interactive Practice Test

Core Academic Skills for Educators: Reading (5712)

Answer the question below by clicking on the correct response.

Damselflies and dragonflies share a general scientific name — Odonata — and are often misidentified. One easy way to distinguish between the two is to observe the wings. The rear pair of dragonfly wings is broader than the front pair, whereas both sets of a damselfly's wings are essentially equal. A second technique involves looking at the eyes: the damselfly's are on opposite sides of its head, whereas dragonfly eyes are closer together.

According to the passage, one way to distinguish between a dragonfly and a damselfly is by

- comparing the size of the insects
- counting the insect's wings
- counting the insect's eyes
- observing the shape of the insect's wings
- observing the shape of the insect's eyes
Test Prep Discount Offer

Save 10% on Praxis Test Preparation

1. Visit www.ets.org/praxis/store
2. Enter Promo Code: CRDKP for each resource you order

Note: promo code is not case sensitive
Praxis Score Reports: Reviewing Your Performance
Your Score

• Score scale is now 100-200 in 1 point intervals
• ASHA requires a 162 to pass test
• Unofficial score results viewed immediately at test center
• Official score reports available online 10-12 business days after the window closes
• Scores are available online for 1 year for you to download
• Additional score reports - $40
Score Reporting

• Send your scores to your attending institution
• Unofficial score results viewed immediately at test center
• Official score reports available online 10-12 business days after the window closes
• Scores are available online for 1 year for you to download
• Additional score reports - $40
**BACKGROUND INFORMATION**

Examinee's Name: LABRE, BRETT  
Social Security Number: 111-22-3333  
Sex: M  
Candidate ID Number: 01234567  
Date of Birth: 01/01/1986

**EDUCATIONAL INFORMATION**

College Where Relevant Training Was Received: UNIV OF SOUTH FLORIDA SLP/AUD  
Undergraduate Major: (I)  
Graduate Major: (I)  
Educational Level: EARNED BACHELOR'S DEGREE PLUS ADDITIONAL CREDITS  
GPA: 3.5 - 4.0

**SCORE RECIPIENT(S) REQUESTED**

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**CURRENT TEST DATE:** 04/30/2011

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**HIGHEST SCORE AS OF:** 06/10/2011

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<td>VI. CLINICAL MANAGEMENT</td>
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<td>VII. PROFESSIONAL ISSUES/PSYCHOMETRICS/RESEARCH</td>
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Recent Enhancements

• You now get 4 free score reports instead of 3 — a savings of $40
  – Note that many state education departments automatically receive your scores if you test in that state.

• Registration is simplified – you now choose agency/ASHA (or state) for listing of required test (rather than searching by test name or from the entire list) – cutting down wrong choices

• You will receive e-mail notification when scores are ready

• Access through your Praxis account and print copy for your records
Test-Taking Strategies

• Don’t leave any questions blank since your score is based on the number of questions you answer correctly with no penalty for an incorrect answer
  • If you don’t know the answer, try to eliminate obvious wrong answers and guess the correct one

• Pace yourself and allow ample time per question

• You can answer questions in any order
  – You can mark harder questions for “Review” using a review button and come back to them by viewing the review page
  – Practice these features at [www.ets.org/praxis/computertestingdemo](http://www.ets.org/praxis/computertestingdemo)

• Read all possible answers before picking one

• Review your answers if you have time at the end

• You just need a passing score
Smart Tips

• Don’t sell your textbooks from introductory classes as they can be an important source of study material.
• Don’t worry about your score when taking the test.
• Keep track of time.
• Do not take too much time on any one question.
• Be aware of key words such as NOT, BEST, LEAST, EXCEPT ...

• Scan the answer choices before you start reading the material and/or working the problem.
• In multiple-choice items, you need to choose the correct answer, but you do not need to prove it. Don’t waste your time trying to prove the answer.
• Be well-rested on test day.
Test Taker Support

General Inquiries:
Phone: 800-772-9476 (U.S., U.S. Territories, and Canada) or at 609-771-7395 (for all other locations)
E-mail: praxis@ets.org
Hours: Mon – Fri 8:00 A.M. 7:45 PM EST
THANK YOU!

www.asha.org/certification/

www.ets.org/praxis