

The Praxis® Study Companion

Speech-Language Pathology

5331



Welcome to *The Praxis*® Study Companion

Prepare to Show What You Know

You have been working to acquire the knowledge and skills you need for your teaching career. Now you are ready to demonstrate your abilities by taking a *Praxis*® test.

Using *The Praxis*® Study Companion is a smart way to prepare for the test so you can do your best on test day. This guide can help keep you on track and make the most efficient use of your study time.

The Study Companion contains practical information and helpful tools, including:

- An overview of the *Praxis* tests
- Specific information on the *Praxis* test you are taking
- A template study plan
- Study topics
- Practice questions and explanations of correct answers
- Test-taking tips and strategies
- Frequently asked questions
- Links to more detailed information

So where should you start? Begin by reviewing this guide in its entirety and note those sections that you need to revisit. Then you can create your own personalized study plan and schedule based on your individual needs and how much time you have before test day.

Keep in mind that study habits are individual. There are many different ways to successfully prepare for your test. Some people study better on their own, while others prefer a group dynamic. You may have more energy early in the day, but another test taker may concentrate better in the evening. So use this guide to develop the approach that works best for you.

Your teaching career begins with preparation. Good luck!

Know What to Expect

Which tests should I take?

Each state or agency that uses the *Praxis* tests sets its own requirements for which test or tests you must take for the teaching area you wish to pursue.

Before you register for a test, confirm your state or agency's testing requirements at www.ets.org/praxis/states.

How are the *Praxis* tests given?

Praxis tests are given on computer. Other formats are available for test takers approved for accommodations (see page 42).

What should I expect when taking the test on computer?

When taking the test on computer, you can expect to be asked to provide proper identification at the test center. Once admitted, you will be given the opportunity to learn how the computer interface works (how to answer questions, how to skip questions, how to go back to questions you skipped, etc.) before the testing time begins. Watch the [What to Expect on Test Day](#) video to see what the experience is like.

Where and when are the *Praxis* tests offered?

You can select the test center that is most convenient for you. The *Praxis* tests are administered through an international network of test centers, which includes Prometric® Testing Centers, some universities, and other locations throughout the world.

Testing schedules may differ, so see the *Praxis* web site for more detailed test registration information at www.ets.org/praxis/register.

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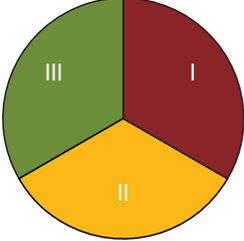
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1. Learn About Your Test

Learn about the specific test you will be taking

Speech-Language Pathology (5331)

Test at a Glance			
Test Name	Speech-Language Pathology		
Test Code	5331		
Time	150 minutes		
Number of Questions	132		
Format	Selected-response questions		
Test Delivery	Computer delivered		
	Content Categories	Approximate Number of Questions	Approximate Percentage of Examination
	I. Foundations and Professional Practice	44	33 $\frac{1}{3}$ %
	II. Screening, Assessment, Evaluation, and Diagnosis	44	33 $\frac{1}{3}$ %
	III. Planning, Implementation, and Evaluation of Treatment	44	33 $\frac{1}{3}$ %

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.

The distribution of the test questions across the areas of practice was based on a national survey, commissioned by ASHA, of speech-language pathologists in a variety of employment settings. The Speech-Language Pathology test is regularly updated to take into account new developments in the field.

Test Specifications

Test specifications in this chapter describe the knowledge and skills measured by the test. Study topics to help you prepare to answer test questions can be found on page 30.

I. Foundations and Professional Practice

A. Foundations

1. Typical development and performance across the lifespan
2. Factors that influence communication, feeding, and swallowing
3. Epidemiology and characteristics of common communication and swallowing disorders

B. Professional Practice

1. Wellness and prevention
2. Culturally and linguistically appropriate service delivery
3. Counseling, collaboration, and teaming
4. Documentation
5. Ethics
6. Legislation and client advocacy
7. Research methodology and evidence-based practice

II. Screening, Assessment, Evaluation, and Diagnosis

A. Screening

1. Communication disorders
2. Feeding and swallowing disorders

B. Approaches to Assessment and Evaluation

1. Developing case histories
2. Selecting appropriate assessment instruments, procedures, and materials
3. Assessing factors that influence communication and swallowing disorders
4. Assessment of anatomy and physiology

C. Assessment Procedures and Assessment

1. Speech sound production
2. Fluency
3. Voice, resonance, and motor speech
4. Receptive and expressive language
5. Social aspects of communication, including pragmatics
6. Cognitive aspects of communication
7. Augmentative and alternative communication
8. Hearing
9. Feeding and swallowing

D. Etiology

1. Genetic
2. Developmental
3. Disease processes
4. Auditory problems
5. Neurological
6. Structural and functional
7. Psychogenic

III. Planning, Implementation, and Evaluation of Treatment

A. Treatment Planning

1. Evaluating factors that can affect treatment
2. Initiating and prioritizing treatment and developing goals
3. Determining appropriate treatment details
4. Generating a prognosis
5. Communicating recommendations
6. General treatment principles and procedures

B. Treatment Evaluation

1. Establishing methods for monitoring treatment progress and outcomes to evaluate assessment and/or treatment plans
2. Follow-up on post-treatment referrals and recommendations

C. Treatment

1. Speech sound production
2. Fluency
3. Voice, resonance, and motor speech
4. Receptive and expressive language
5. Social aspects of communication, including pragmatics
6. Communication impairments related to cognition
7. Treatment involving augmentative and alternative communication
8. Hearing and aural rehabilitation
9. Swallowing and feeding

2. Familiarize Yourself with Test Questions

Become comfortable with the types of questions you'll find on the Praxis tests

The *Praxis* assessments include a variety of question types: constructed response (for which you write a response of your own); selected response, for which you select one or more answers from a list of choices or make another kind of selection (e.g., by clicking on a sentence in a text or by clicking on part of a graphic); and numeric entry, for which you enter a numeric value in an answer field. You may be familiar with these question formats from taking other standardized tests. If not, familiarize yourself with them so you don't spend time during the test figuring out how to answer them.

Understanding Computer-Delivered Questions

Questions on computer-delivered tests are interactive in the sense that you answer by selecting an option or entering text on the screen. If you see a format you are not familiar with, read the directions carefully. The directions always give clear instructions on how you are expected to respond.

For most questions, you respond by clicking an oval to select a single answer from a list of answer choices.

However, interactive question types may also ask you to respond by:

- **Clicking more than one oval** to select answers from a list of choices.
- **Typing in an entry box.** When the answer is a number, you may be asked to enter a numerical answer. Some questions may have more than one place to enter a response.
- **Clicking check boxes.** You may be asked to click check boxes instead of an oval when more than one choice within a set of answers can be selected.
- **Clicking parts of a graphic.** In some questions, you will select your answers by clicking on a location (or locations) on a graphic such as a map or chart, as opposed to choosing your answer from a list.
- **Clicking on sentences.** In questions with reading passages, you may be asked to choose your answers by clicking on a sentence (or sentences) within the reading passage.
- **Dragging and dropping answer choices into targets on the screen.** You may be asked to select answers from a list of choices and drag your answers to the appropriate location in a table, paragraph of text or graphic.
- **Selecting answer choices from a drop-down menu.** You may be asked to choose answers by selecting choices from a drop-down menu (e.g., to complete a sentence).

Remember that with every question you will get clear instructions.

Perhaps the best way to understand computer-delivered questions is to view the [Computer-delivered Testing Demonstration](#) on the Praxis web site to learn how a computer-delivered test works and see examples of some types of questions you may encounter.

Understanding Selected-Response Questions

Many selected-response questions begin with the phrase “which of the following.” Take a look at this example:

Which of the following is a flavor made from beans?

- (A) Strawberry
- (B) Cherry
- (C) Vanilla
- (D) Mint

How would you answer this question?

All of the answer choices are flavors. Your job is to decide which of the flavors is the one made from beans.

Try following these steps to select the correct answer.

- 1) **Limit your answer to the choices given.** You may know that chocolate and coffee are also flavors made from beans, but they are not listed. Rather than thinking of other possible answers, focus only on the choices given (“which of the following”).
- 2) **Eliminate incorrect answers.** You may know that strawberry and cherry flavors are made from fruit and that mint flavor is made from a plant. That leaves vanilla as the only possible answer.
- 3) **Verify your answer.** You can substitute “vanilla” for the phrase “which of the following” and turn the question into this statement: “Vanilla is a flavor made from beans.” This will help you be sure that your answer is correct. If you’re still uncertain, try substituting the other choices to see if they make sense. You may want to use this technique as you answer selected-response questions on the practice tests.

Try a more challenging example

The vanilla bean question is pretty straightforward, but you’ll find that more challenging questions have a similar structure. For example:

Entries in outlines are generally arranged according to which of the following relationships of ideas?

- (A) Literal and inferential
- (B) Concrete and abstract
- (C) Linear and recursive
- (D) Main and subordinate

You’ll notice that this example also contains the phrase “which of the following.” This phrase helps you determine that your answer will be a “relationship of ideas” from the choices provided. You are supposed to find the choice that describes how entries, or ideas, in outlines are related.

Sometimes it helps to put the question in your own words. Here, you could paraphrase the question in this way: “How are outlines usually organized?” Since the ideas in outlines usually appear as main ideas and subordinate ideas, the answer is (D).

QUICK TIP: Don't be intimidated by words you may not understand. It might be easy to be thrown by words like "recursive" or "inferential." Read carefully to understand the question and look for an answer that fits. An outline is something you are probably familiar with and expect to teach to your students. So slow down, and use what you know.

Watch out for selected-response questions containing "NOT," "LEAST," and "EXCEPT"

This type of question asks you to select the choice that does not fit. You must be very careful because it is easy to forget that you are selecting the negative. This question type is used in situations in which there are several good solutions or ways to approach something, but also a clearly wrong way.

How to approach questions about graphs, tables, or reading passages

When answering questions about graphs, tables, or reading passages, provide only the information that the questions ask for. In the case of a map or graph, you might want to read the questions first, and then look at the map or graph. In the case of a long reading passage, you might want to go ahead and read the passage first, noting places you think are important, and then answer the questions. Again, the important thing is to be sure you answer the questions as they refer to the material presented. So read the questions carefully.

How to approach unfamiliar formats

New question formats are developed from time to time to find new ways of assessing knowledge. Tests may include audio and video components, such as a movie clip or animation, instead of a map or reading passage. Other tests may allow you to zoom in on details in a graphic or picture.

Tests may also include interactive questions. These questions take advantage of technology to assess knowledge and skills in ways that standard multiple-choice questions cannot. If you see a format you are not familiar with, **read the directions carefully**. The directions always give clear instructions on how you are expected to respond.

QUICK TIP: Don't make the questions more difficult than they are. Don't read for hidden meanings or tricks. There are no trick questions on *Praxis* tests. They are intended to be serious, straightforward tests of your knowledge.

Understanding Constructed-Response Questions

Constructed-response questions require you to demonstrate your knowledge in a subject area by creating your own response to particular topics. Essays and short-answer questions are types of constructed-response questions.

For example, an essay question might present you with a topic and ask you to discuss the extent to which you agree or disagree with the opinion stated. You must support your position with specific reasons and examples from your own experience, observations, or reading.

Take a look at a few sample essay topics:

- "Celebrities have a tremendous influence on the young, and for that reason, they have a responsibility to act as role models."
- "We are constantly bombarded by advertisements—on television and radio, in newspapers and magazines, on highway signs, and the sides of buses. They have become too pervasive. It's time to put limits on advertising."
- "Advances in computer technology have made the classroom unnecessary, since students and teachers are able to communicate with one another from computer terminals at home or at work."

Keep these things in mind when you respond to a constructed-response question

- 1) **Answer the question accurately.** Analyze what each part of the question is asking you to do. If the question asks you to describe or discuss, you should provide more than just a list.
- 2) **Answer the question completely.** If a question asks you to do three distinct things in your response, you should cover all three things for the best score. Otherwise, no matter how well you write, you will not be awarded full credit.
- 3) **Answer the question that is asked.** Do not change the question or challenge the basis of the question. You will receive no credit or a low score if you answer another question or if you state, for example, that there is no possible answer.
- 4) **Give a thorough and detailed response.** You must demonstrate that you have a thorough understanding of the subject matter. However, your response should be straightforward and not filled with unnecessary information.
- 5) **Reread your response.** Check that you have written what you thought you wrote. Be sure not to leave sentences unfinished or omit clarifying information.

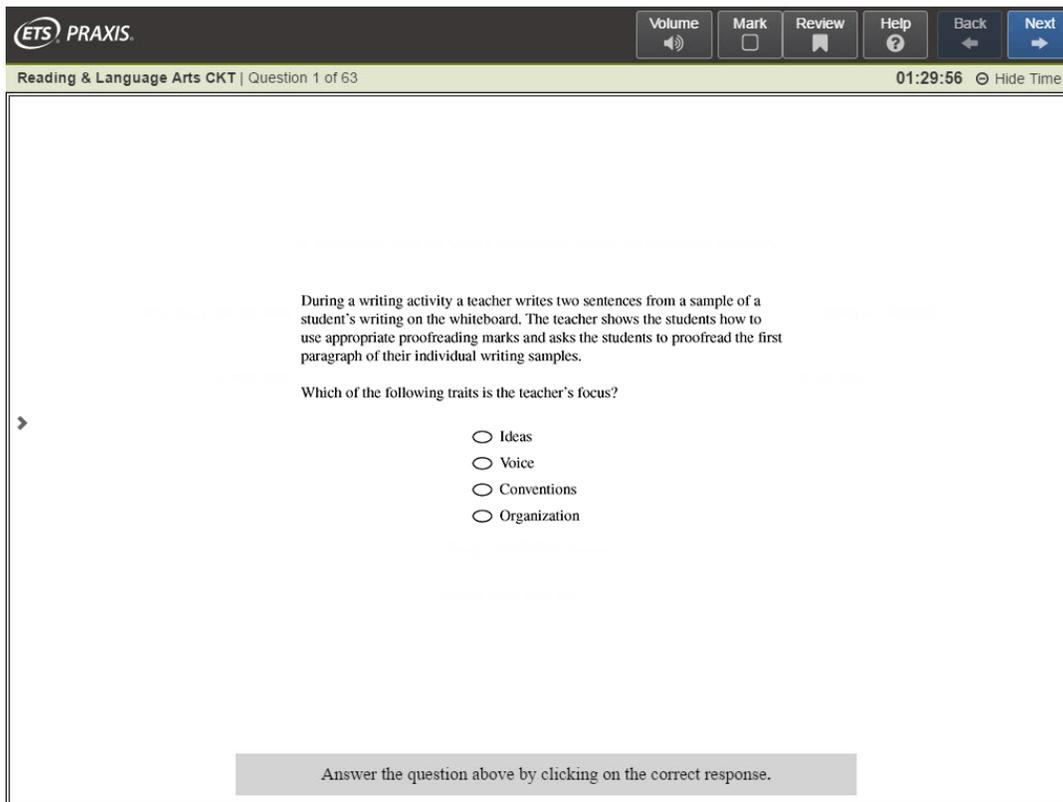
QUICK TIP: You may find that it helps to take notes on scratch paper so that you don't miss any details. Then you'll be sure to have all the information you need to answer the question.

3. Practice with Sample Test Questions

Answer practice questions and find explanations for correct answers

Computer Delivery

This test is available via computer delivery. The following sample question provides a preview of an actual screen used in a computer-delivered test. For the purposes of this Study Companion, the sample questions are shown as they would appear in a paper-delivered test.



The screenshot displays a computer-delivered test interface. At the top, there is a dark header bar with the ETS PRAXIS logo on the left and navigation buttons (Volume, Mark, Review, Help, Back, Next) on the right. Below the header, a light green bar shows the test title "Reading & Language Arts CKT | Question 1 of 63" and a timer "01:29:56" with a "Hide Time" option. The main content area is white and contains the following text:

During a writing activity a teacher writes two sentences from a sample of a student's writing on the whiteboard. The teacher shows the students how to use appropriate proofreading marks and asks the students to proofread the first paragraph of their individual writing samples.

Which of the following traits is the teacher's focus?

- Ideas
- Voice
- Conventions
- Organization

At the bottom of the question area, a grey box contains the instruction: "Answer the question above by clicking on the correct response."

Sample Test Questions

The sample questions that follow illustrate the kinds of questions on the test. They are not, however, representative of the entire scope of the test in either content or difficulty. Answers with explanations follow the questions.

Note: In this test, a speech-language pathologist is referred to as an SLP. A cerebrovascular accident is referred to as a CVA. An Individualized Education Program is referred to as an IEP, and the Individuals with Disabilities Education Act is referred to as IDEA.

Directions: Each of the questions or incomplete statements below is followed by four suggested answers or completions. Select the one that is best in each case.

1. Which of the following is the major physical or organic factor underlying impairment in the speech of persons with cleft palate?
 - (A) Congenital hearing loss from otitis media
 - (B) Broad irregular maxillary arch
 - (C) Palatopharyngeal insufficiency
 - (D) Irregular vocal fold abduction

2. An SLP determines the mean length of utterance (MLU) of a language sample from a three-year-old child. Two weeks later, the SLP reevaluates the same sample and again determines the MLU. The extent to which the two scores are similar is most directly a function of the
 - (A) validity of the scores
 - (B) reliability of the scores
 - (C) skewness of the score distribution
 - (D) speededness of the measure

3. An SLP is providing services to adults with neurogenic disorders of communication. Of the following clients, which will likely have the most favorable management prognosis?
 - (A) John, who has a brain injury resulting in a slight concussion
 - (B) Jim, who has a traumatic brain injury resulting in paralysis
 - (C) Juan, who has amyotrophic lateral sclerosis
 - (D) Helen, who has Huntington's chorea

4. An SLP has targeted the phonological process of "stopping of initial fricatives" for remediation and is using the word "shoes" to establish the new behavior. The SLP now wishes to investigate whether the speaker can generalize the newly learned pattern to untrained words. If it is assumed that generalization will occur on words whose phonetic characteristics are most like the trained word "shoes," which of the following words should be selected?
 - (A) Shouting
 - (B) Fished
 - (C) Ocean
 - (D) Shook

5. The Spanish-speaking parents of a nine-year-old bilingual child report that their child communicates in Spanish with complete utterances and has a good vocabulary in comparison to other children in the neighborhood. Their concern is that the child interrupts their conversations and has not learned social rules that are important within the family and community. Testing confirms similar problems in English-speaking settings. The SLP would most likely recommend that therapy focus on which of the following language areas?

(A) Syntax
 (B) Morphology
 (C) Semantics
 (D) Pragmatics

6. A 60-year-old man has Parkinson's disease and is in the early stage of dementia. It would be appropriate to address which of the following goals first in therapy?

(A) To educate the family or caregivers
 (B) To decrease jargon
 (C) To decrease circumlocution
 (D) To improve motor skills

7. An adult female has received 20 sessions of voice therapy for hoarseness related to vocal nodules. Data for pre- and post-evaluation measures for this individual are:

	<i>Pretherapy</i>	<i>Current</i>
Fundamental frequency (Hz)	175	200
Phonation duration (sec.)	10	15
Jitter (percent)	1.2	.68
Mean phonatory airflow (ml/sec.)	100	150

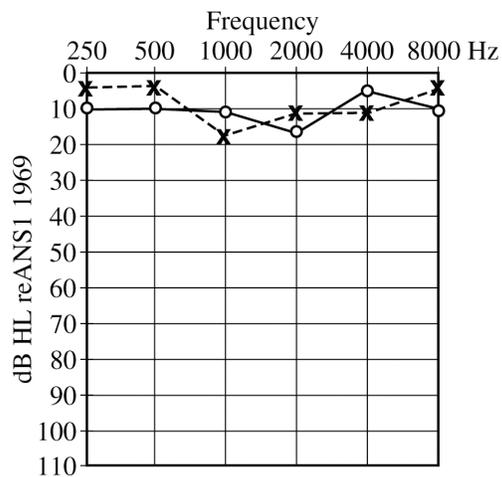
Which of the following is most strongly indicated by the data?

(A) The patient's voice is improving.
 (B) The patient's voice is deteriorating.
 (C) Perturbation is worse, but the other measures are better.
 (D) The patient's voice is still abnormal.

8. An SLP is behaving ethically if he or she does which of the following?

(A) Offers to provide speech or language services solely by correspondence for an individual whose disability prevents easy access to the professional's office
 (B) Diagnoses a speech disorder solely through correspondence as long as the correspondence is thorough and careful
 (C) Offers general information of an educational nature by correspondence
 (D) Indicates the specific duration of the therapeutic program

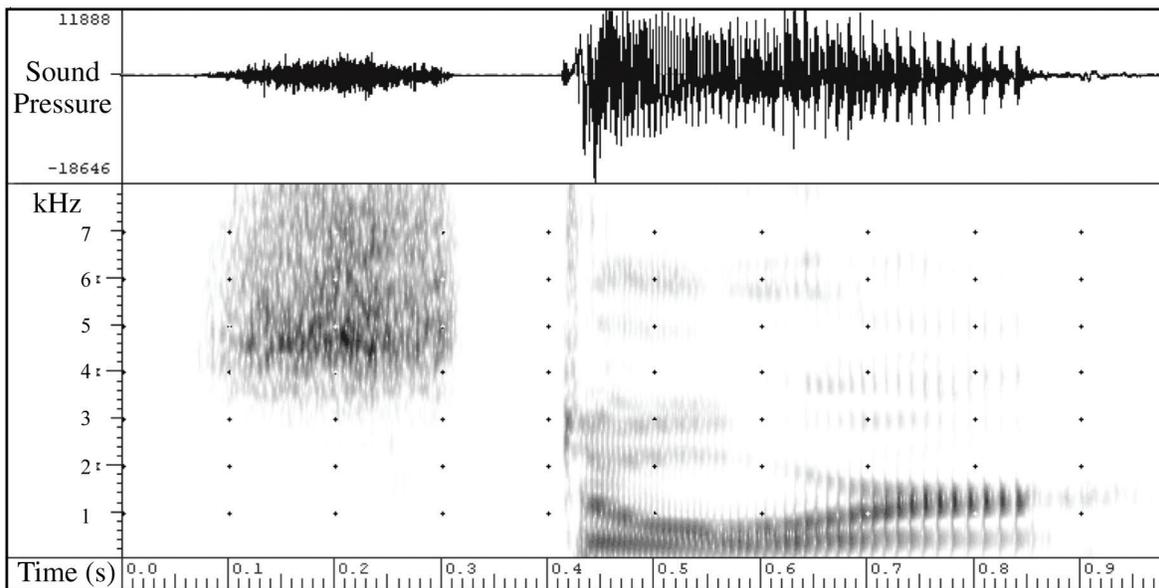
9. Which of the following statements best characterizes the ethics of formulating prognoses for clients with speech and language disorders?
- (A) No assessment is complete until a precise statement can be formulated regarding the prognosis.
 - (B) The extreme complexity of speech and language processes and behaviors makes it impossible to formulate prognoses.
 - (C) After an assessment has been completed, it is usually appropriate to make a reasonable statement about prognosis.
 - (D) A clinician's ability to make prognostic statements depends on the availability of standardized tests to quantify the severity of a speech and language disorder.



10. The above audiogram for an adult represents
- (A) normal hearing bilaterally
 - (B) a bilateral moderate conductive hearing loss
 - (C) right-ear low-frequency hearing loss
 - (D) a bilateral profound sensorineural hearing loss
11. The “incidence” of a disorder is defined as the
- (A) prevalence of the disorder
 - (B) number of new cases of the disorder reported within a specified period of time
 - (C) most common etiology of the disorder
 - (D) number of cases of the disorder that were successfully treated
12. Which of the following types of fibers facilitates communication between the right and left hemispheres by connecting cortical areas in the two hemispheres?
- (A) Association
 - (B) Commissural
 - (C) Efferent
 - (D) Afferent
13. A 68-year-old man sustained a CVA and received a course of speech-language treatment for anomic aphasia. He was discharged after making rapid improvement early in therapy. Three years later his wife reports that he is having more difficulty speaking and understanding, but that his memory skills and orientation abilities remain intact. She has also noticed that his conversation skills are slowly deteriorating. Of the following, which is the most likely explanation for the client's communicative decline?
- (A) A transient ischemic attack
 - (B) An astrocytoma, probably in the vicinity of the supramarginal gyrus
 - (C) Primary progressive aphasia
 - (D) Lewy body dementia
14. According to ASHA, a newborn child should receive an initial hearing screening no later than
- (A) 1 month of age
 - (B) 3 months of age
 - (C) 1 year of age
 - (D) 2 years of age

15. Under the requirement for a child to receive a free and appropriate public education in the least restrictive environment, a public school must provide sign language interpreter services to a child under which of the following conditions?
- (A) The school district can recover the cost of interpreter services from a third-party payer.
 - (B) The child's physician indicates that the services of an interpreter are medically necessary.
 - (C) The interpreter has been requested by the parent in the IEP meeting.
 - (D) The IEP team determines that interpreter services are necessary for the child.

Questions 16–18 are based on the figure below of a sound pressure signal (audio, above) and wideband spectrogram (below) of a spoken utterance.



16. Which of the following is closest to the correct phonemic transcription of the word displayed in the spectrogram?
- (A) /fil/
 (B) /naʊ/
 (C) /stɑr/
 (D) /dʒet/
17. Which of the following is the most accurate statement regarding the word-initial consonant?
- (A) The high-amplitude concentration of aperiodic energy at 4 kHz suggests that the initial consonant is a voiceless sibilant fricative.
 (B) The low-amplitude concentration of periodic energy suggests that the initial consonant is a voiced sibilant fricative.
 (C) The presence of prevoicing before the release burst suggests that the initial consonant is a voiced affricate.
 (D) The low-amplitude, diffuse distribution of aperiodic energy suggests that the initial consonant is a voiceless nonsibilant fricative.
18. The spacing of the glottal pulses during the vocalic portions indicates that the speaker
- (A) was whispering
 (B) used a falling intonation contour
 (C) used a flat intonation contour
 (D) had poor vocal-tract control

19. Which of the following is the primary reason for using standardized norm-referenced instruments to assess communication function?
- (A) To track progress on a session-by-session basis
 - (B) To provide a comparison against a representative population
 - (C) To develop a database for diagnostic purposes
 - (D) To provide qualitative data for the assessment report
20. Which of the following types of cerebral palsy is characterized by low muscle tone, impaired balance, and tremor?
- (A) Ataxic
 - (B) Spastic
 - (C) Athetoid
 - (D) Hemiplegic
21. Ms. March, age 70, receives speech-language treatment at her assisted living facility for aphasia secondary to a stroke (CVA). Medicare is reimbursing a home health agency that visits the facility for Ms. March's treatment following submission of an evaluation and treatment plan from the SLP employed by the home health agency. To ensure that reimbursement for treatment continues, the SLP must
- (A) administer a standardized aphasia battery weekly to assess progress
 - (B) include recommendations for family participation in the treatment plan
 - (C) secure the physician's endorsement of treatment continuation on a schedule dictated by Medicare
 - (D) initiate treatment within six months of Ms. March's hospitalization for the stroke
22. An intervention to improve receptive vocabulary involves a computer program that presents three pictures on the screen and requests that the child point to the picture that the computer indicates via digitized speech. The child's intervention goal is 80 percent correct responding. A response rate of 30 percent correct most likely indicates that the
- (A) software has been moderately effective in helping the child reach his goal
 - (B) child's visual discrimination surpasses his auditory discrimination
 - (C) child's responses are essentially random
 - (D) child is ready to progress to an on-screen array of four pictures
23. What type of reinforcement results in the most rapid learning of new behavior?
- (A) Fixed-ratio
 - (B) Fixed-interval
 - (C) Continuous
 - (D) Variable-interval
24. Intervention from a speech-language pathologist for a nursing home resident who experiences advanced dementia would most effectively focus on
- (A) conversational turn-taking
 - (B) expressive vocabulary
 - (C) interpretation of facial expression
 - (D) simplification of the communication environment
25. Melodic intonation therapy (MIT) is generally considered most appropriate for a client with which of the following?
- (A) Broca's aphasia
 - (B) Conduction aphasia
 - (C) Transcortical sensory aphasia
 - (D) Global aphasia

26. Which of the following characteristics is most likely characteristic of a client with childhood apraxia of speech?
- (A) Low muscle tone in the lips, tongue, and jaw
 - (B) Echolalic response patterns
 - (C) Decreased ability to perform diadokokinesis
 - (D) Sensorineural hearing loss
27. Which of the following is typical social communication behavior for a child aged 3–5 years?
- (A) Begins code-switching and uses simpler language when talking to younger children
 - (B) Uses narratives characterized by causally sequenced events
 - (C) Uses language with the intent to persuade others and change their opinions
 - (D) Uses single words to express intention
28. Which of the following is a diagnosis that an SLP is legally allowed to make independently of other professionals?
- (A) Parkinson's disease
 - (B) Childhood apraxia of speech
 - (C) Obstructive sleep apnea
 - (D) Down syndrome
29. Which of the following correctly indicates the point at which an augmentative and alternative communication (AAC) evaluation should begin?
- (A) With the trial use of an AAC device
 - (B) After the client has developed the prerequisite cognitive skills
 - (C) With an analysis of the client's communication needs
 - (D) With a medical consultation
30. Which of the following is true about supporting a young child's acquisition of English as a second language?
- (A) A focus in the family on the English-speaking culture as well as the language will support the child's acquisition of English.
 - (B) To support language development, family members should speak to the child in the language they are most comfortable using.
 - (C) If a child has a language disorder, a delay in learning English will best help the child achieve the highest ultimate level of fluency.
 - (D) Even without support, the child can be expected to be fully fluent in English in less than two years.
31. An SLP can use a direct intervention approach or an indirect intervention approach in providing fluency treatment for a preschool child who stutters. Which of the following statements most accurately characterizes the current evidence regarding the effectiveness of these two approaches to fluency treatment for children younger than five?
- (A) Evidence clearly indicates more favorable outcomes using direct intervention.
 - (B) Evidence clearly indicates more favorable outcomes using indirect intervention.
 - (C) Evidence clearly supports using a combination of direct and indirect interventions with the same child.
 - (D) There is not sufficient evidence to support the use of a direct intervention approach over an indirect intervention approach
32. Which of the following is an accurate statement about what IDEA requires for any IEP?
- (A) The IEP must include a multiyear outline of instructional objectives.
 - (B) The IEP must include a section on assistive devices, regardless of the nature or degree of the student's disability.
 - (C) The IEP must be in effect before special education services or related services are provided.
 - (D) The IEP must not be made available to any school personnel except special education teachers.

Answers to Sample Questions

1. The correct answer is (C). Palatopharyngeal insufficiency or, more specifically, velopharyngeal insufficiency is the major cause of the hypernasal speech associated with cleft palate. (A), (B), and (D) are incorrect because otitis media is not congenital; in cleft palate, the maxillary arch is often collapsed and thus is narrow; and irregular vocal fold abduction is not associated with cleft palate.
2. The correct answer is (B). Reliability is the consistency with which a test measures or the degree to which repeated measurement with the same instrument of the same individual would tend to produce the same result. Larger values indicate greater reliability; a reliability of 0.90 or greater is desirable for a test to be used in making decisions about individuals. (A) is incorrect because validity refers to how well a test measures what it is purported to measure. (C) is incorrect because skewness refers to the symmetry of the data. (D) is incorrect because speededness refers to the time it takes to complete the test.
3. The correct answer is (A). The disorder is most limited in scope among those mentioned and, therefore, most likely to be amenable to therapy or treatment. (B) is incorrect because the problem described is diffused or dispersed throughout the head with major impairments to the nerves. (C) and (D) are incorrect because the disorders mentioned are progressive in nature.
4. The correct answer is (D). Generalization probes are a principle feature of phonological therapy. The answer choices require the clinician to pay attention to the position of the fricative sound in a word and also the word's syllable structure. (A), (B), and (C) are incorrect because both the fricative sound and syllable structure are incorrect.
5. The correct answer is (D). The parents have described adequate syntactic and semantic knowledge by the child. Testing in English confirms similar strengths. The area that has been identified as a weakness is pragmatics and social rules for interaction.
6. The correct answer is (A). When dementia is associated with Parkinson's disease, it is usually irreversible. Therefore, the family or caregivers must understand the nature of the linguistic and intellectual problems, and learn how to maximize the abilities of the client. The sooner the family or caregivers are made aware of the condition of the

client, the better the intervention is likely to be. (B), (C), and (D) are incorrect because although all are appropriate goals, they would not be the first goal in therapy.

7. The correct answer is (A). All measures discussed demonstrate improvement. There is no certainty that the voice is still abnormal. Perturbation, having gone down, shows some improvement. Based only on the data shown, one could say that there is some improvement. (B), (C), and (D) are incorrect because the patient has shown improvement and perturbation has shown some improvement.

8. The correct answer is (C). According to the 2010 Code of Ethics of the American Speech-Language-Hearing Association (ASHA), general information of an educational nature by correspondence is allowed. (A), (B), and (D) are incorrect. These choices are not approved and are discussed in Principle of Ethics I, Rule K.

9. The correct answer is (C). According to the 2010 ASHA Code of Ethics, Principle of Ethics I, Rule J, a speech-language pathologist can make a reasonable statement about a client's prognosis. (A), (B), and (D) are contrary to the spirit of this ethical position.

10. The correct answer is (A). Thresholds at or below 20 dB represent normal hearing in an adult. In the audiogram, air conduction thresholds for both the left and right ears are at or below 20 dB, indicating no hearing loss of any type. (B), (C), and (D) are incorrect because the patient has normal hearing.

11. The correct answer is (A). The term "incidence" pertains to the number of new cases of a disease or disorder arising in a population during a given time period (e.g., over one year or over the life span). (B), (C), and (D) are incorrect because the definitions do not apply to "incidence."

12. The correct answer is (B). Commissural fibers are the only ones that bridge between the two cortical hemispheres; hence, (A), (C), and (D) are incorrect.

13. The correct answer is (C). Primary progressive aphasia is isolated language deterioration with relative preservation of other cognitive abilities and symptoms that vary, depending upon the site of lesion. Signs and symptoms may include word-finding problems characterized by pauses during speech, difficulty naming objects, difficulty with

comprehension of spoken and written language, and inability to comprehend word meanings. (A), (B), and (D) are incorrect because the symptoms described in the stem do not apply to these diagnoses.

14. The correct answer is (A). According to the Joint Committee on Infant Hearing (2007), all newborn children should receive an initial hearing screening no later than 1 month of age. (B), (C), and (D) are incorrect because the time frames are after 1 month of age.

15. The correct answer is (D). Free and appropriate public education in the least restrictive environment is a central tenet of IDEA, which governs special education services in the public schools. IDEA makes clear that the services to be provided to a student must be endorsed as educationally necessary by the entire IEP team, which includes the student's parents, a regular education teacher, a special education teacher, a representative of the local education agency, and others as appropriate. (A), (B), and (C) are incorrect because they do not meet the specifications set forth by IDEA.

16. The correct answer is (C). The spectrogram illustrates the production of the word "star," which has an initial high-amplitude sibilant followed by a plosive, thus the short absence of sound after release of /t/ before production of the vowel; hence, (A), (B), and (D) are incorrect.

17. The correct answer is (A). Voiceless sibilant fricatives such as /s/ would be recorded on a spectrogram as having high-amplitude aperiodic energy in the range of 4K Hz. Hence, (B), (C), and (D) are incorrect.

18. The correct answer is (B). The spectrographic recording illustrates a falling intonation contour as the glottal pulses gradually shift downward; hence, (A), (C), and (D) are incorrect.

19. The correct answer is (B). The primary reason for using a standardized norm-referenced assessment is to compare an individual's performance to norms generated from a much larger representative sample. Use of a norm-referenced assessment enables the client's behavior to be compared to typical function for individuals in the same age range. (A) is incorrect because standardized assessments are not administered as frequently as every session. (C) is incorrect because inclusion of client information in a diagnostic database is not the primary reason to use a norm-referenced instrument. (D) is incorrect

because performance on standardized tests is expressed numerically, which makes it quantitative data.

20. The correct answer is (A). Ataxic cerebral palsy is characterized by low muscle tone, impaired balance, and tremors. The other types do not have these characteristics. (B) is incorrect. Spastic cerebral palsy involves jerky, uncontrolled movements and high muscle tone. (C) is incorrect. Athetoid cerebral palsy is characterized by slow, arrhythmic, writhing, involuntary movements of the extremities. (D) is incorrect because "Hemiplegic" specifies the body part affected, not to the type of movement pattern.

21. The correct answer is (C). Medicare will only authorize continued treatment with physician approval. (A), (B), and (D) are incorrect because they are not used as a basis for treatment eligibility.

22. The correct answer is (C). Because there are three pictures, a response rate close to 33 percent (one-third) is at the level of chance. (A) is incorrect because the child's performance is only at chance levels, indicating no trend toward successful performance. (B) is incorrect because no conclusion about the superiority of one modality over another can be determined from the limited information provided. (D) is incorrect because the difficulty level of the task should only be increased when performance at the easier level is satisfactory.

23. The correct answer is (C). The primary reason is because in continuous reinforcement the desired behavior is reinforced every time it occurs. This schedule is generally best during the initial stages of learning to create a strong association between the behavior and the response. (A), (B), and (D) are incorrect because they represent partial reinforcement schemes in which the correct response is reinforced only part of the time. Learned behaviors are acquired more slowly with partial reinforcement.

24. The correct answer is (D). The primary reason is because appropriate intervention for an individual with advanced dementia is geared toward simplifying the individual's communication environment. (A), (B), and (C) are incorrect because an individual with advanced dementia is not likely to benefit significantly from intervention targeting improved communication skills.

25. The correct answer is (A). MIT is a process in which SLPs sing or hum phrases to individuals with the goal of having individuals tap, sing, or hum the phrase back to the SLP. Research has shown MIT to be successful with people diagnosed with Broca's aphasia, because their comprehension is better than their expression and they retain the ability to repeat. (B) is incorrect. Individuals with conduction aphasia have extreme difficulty repeating, so MIT would not be beneficial. (C) and (D) are incorrect. Individuals with transcortical sensory aphasia and global aphasia have auditory comprehension skills which are extremely impaired so they are not likely to benefit from MIT as the approach requires ability to comprehend what the speaker is saying and to appreciate their own productions in order to repeat.

26. The correct answer is (C). Childhood apraxia of speech is a motor planning disorder. Diadokokinesis is a task in which the rapid, consistent production of "puh-tuh-kuh" is measured. Children with this disorder cannot manipulate the articulators in smooth, controlled volitional ways. (A) is incorrect. Apraxia is not a dysarthria that indicates low muscle tone, which makes (A) incorrect. (B) is incorrect. The apraxic child has trouble imitating responses and so is not echolalic. (D) is incorrect. A specific hearing impairment is not indicative of a motor planning speech disorder.

27. The correct answer is (A). Children aged 3–5 typically show the ability to code-switch and to use simpler language when speaking to younger children. (B) is incorrect. The use of narratives characterized by causally sequenced events is typically seen in children over the age of 5. (C) is incorrect. The use of language with the intent to persuade or change an opinion is typically seen in children over the age of 5. (D) is incorrect. The use of single words to express intention is typically seen in children between the ages of 18 and 24 months.

28. The correct answer is (B). An SLP is legally allowed to make the diagnosis of childhood apraxia of speech independently of other professionals. (A), (C), and (D) are all incorrect. It is illegal for an SLP to diagnose Parkinson's disease, obstructive sleep apnea, or Down syndrome, although the SLP may be involved in the treatment of such disorders.

29. The correct answer is (C). The assessment should analyze the client's communication needs. (A) is incorrect. The client's needs must be assessed before a device is provided. (B) is incorrect. While the AAC selection will depend on the client's cognitive skills, the match of the device to the client should follow an evaluation of the client's needs. (D) is incorrect. Medical consultation is not needed to conduct an AAC evaluation.

30. The correct answer is (B). Family members speaking to the child in the language they are most comfortable using will not have a negative effect on the child and will allow them to more easily support the child through the acquisition. (A) is incorrect. The child's native culture should continue to be valued. (C) is incorrect. Even a child with a language disorder can learn a second language. (D) is incorrect. Full acquisition of a new language takes many years to accomplish.

31. The correct answer is (D). A study completed by the American Speech-Language-Hearing Association in 2010 showed that there is not sufficient evidence to support one form of intervention over the other. (A), (B), and (C) are incorrect. None of these statements are supported by current research.

32. The correct answer is (C). According to IDEA, an IEP must be in effect before special education and related services are provided to an eligible student. None of the other choices are required. (A) is incorrect. The objectives in an IEP are ordinarily for a single year. (B) is incorrect. IDEA requires that an IEP include a statement of the services and aids to be provided to the child. For some students with disabilities, this will include assistive devices, but many students with disabilities do not require such devices. (D) is incorrect. Although special education teachers certainly have access to their students' IEPs, IDEA requires that regular education teachers and other service providers who are responsible for implementing a student's IEP have access to it as well.

4. Determine Your Strategy for Success

Set clear goals and deadlines so your test preparation is focused and efficient

Effective *Praxis* test preparation doesn't just happen. You'll want to set clear goals and deadlines for yourself along the way. Otherwise, you may not feel ready and confident on test day.

1) Learn what the test covers.

You may have heard that there are several different versions of the same test. It's true. You may take one version of the test and your friend may take a different version a few months later. Each test has different questions covering the same subject area, but both versions of the test measure the same skills and content knowledge.

You'll find specific information on the test you're taking on page 5, which outlines the content categories that the test measures and what percentage of the test covers each topic. Visit www.ets.org/praxis/testprep for information on other *Praxis* tests.

2) Assess how well you know the content.

Research shows that test takers tend to overestimate their preparedness—this is why some test takers assume they did well and then find out they did not pass.

The *Praxis* tests are demanding enough to require serious review of likely content, and the longer you've been away from the content, the more preparation you will most likely need. If it has been longer than a few months since you've studied your content area, make a concerted effort to prepare.

3) Collect study materials.

Gathering and organizing your materials for review are critical steps in preparing for the *Praxis* tests. Consider the following reference sources as you plan your study:

- Did you take a course in which the content area was covered? If yes, do you still have your books or your notes?
- Does your local library have a high school-level textbook in this area? Does your college library have a good introductory college-level textbook in this area?

Practice materials are available for purchase for many *Praxis* tests at www.ets.org/praxis/testprep. Test preparation materials include sample questions and answers with explanations.

4) Plan and organize your time.

You can begin to plan and organize your time while you are still collecting materials. Allow yourself plenty of review time to avoid cramming new material at the end. Here are a few tips:

- Choose a test date far enough in the future to leave you plenty of preparation time. Test dates can be found at www.ets.org/praxis/register/dates_centers.
- Work backward from that date to figure out how much time you will need for review.
- Set a realistic schedule—and stick to it.

5) Practice explaining the key concepts.

Praxis tests with constructed-response questions assess your ability to explain material effectively. As a teacher, you'll need to be able to explain concepts and processes to students in a clear, understandable way. What are the major concepts you will be required to teach? Can you explain them in your own words accurately, completely, and clearly? Practice explaining these concepts to test your ability to effectively explain what you know.

6) Understand how questions will be scored.

Scoring information can be found on page 45.

7) Develop a study plan.

A study plan provides a road map to prepare for the *Praxis* tests. It can help you understand what skills and knowledge are covered on the test and where to focus your attention. Use the study plan template on page 28 to organize your efforts.

And most important—get started!

Would a Study Group Work for You?

Using this guide as part of a study group

People who have a lot of studying to do sometimes find it helpful to form a study group with others who are working toward the same goal. Study groups give members opportunities to ask questions and get detailed answers. In a group, some members usually have a better understanding of certain topics, while others in the group may be better at other topics. As members take turns explaining concepts to one another, everyone builds self-confidence.

If the group encounters a question that none of the members can answer well, the group can go to a teacher or other expert and get answers efficiently. Because study groups schedule regular meetings, members study in a more disciplined fashion. They also gain emotional support. The group should be large enough so that multiple people can contribute different kinds of knowledge, but small enough so that it stays focused. Often, three to six members is a good size.

Here are some ways to use this guide as part of a study group:

- **Plan the group's study program.** Parts of the study plan template, beginning on page 28 can help to structure your group's study program. By filling out the first five columns and sharing the worksheets, everyone will learn more about your group's mix of abilities and about the resources, such as textbooks, that members can share with the group. In the sixth column ("Dates I will study the content"), you can create an overall schedule for your group's study program.
- **Plan individual group sessions.** At the end of each session, the group should decide what specific topics will be covered at the next meeting and who will present each topic. Use the topic headings and subheadings in the Test at a Glance table on page 5 to select topics, and then select practice questions, beginning on page 13.
- **Prepare your presentation for the group.** When it's your turn to present, prepare something that is more than a lecture. Write two or three original questions to pose to the group. Practicing writing actual questions can help you better understand the topics covered on the test as well as the types of questions you will encounter on the test. It will also give other members of the group extra practice at answering questions.

- **Take a practice test together.** The idea of a practice test is to simulate an actual administration of the test, so scheduling a test session with the group will add to the realism and may also help boost everyone's confidence. Remember, complete the practice test using only the time that will be allotted for that test on your administration day.
- **Learn from the results of the practice test.** Review the results of the practice test, including the number of questions answered correctly in each content category. For tests that contain constructed-response questions, look at the Sample Test Questions section, which also contain sample responses to those questions and shows how they were scored. Then try to follow the same guidelines that the test scorers use.
- **Be as critical as you can.** You're not doing your study partner(s) any favors by letting them get away with an answer that does not cover all parts of the question adequately.
- **Be specific.** Write comments that are as detailed as the comments about the sample responses. Indicate where and how your study partner(s) are doing an inadequate job of answering the question. Writing notes in the margins of the answer sheet may also help.
- **Be supportive.** Include comments that point out what your study partner(s) got right.

Then plan one or more study sessions based on aspects of the questions on which group members performed poorly. For example, each group member might be responsible for rewriting one paragraph of a response in which someone else did an inadequate job.

Whether you decide to study alone or with a group, remember that the best way to prepare is to have an organized plan. The plan should set goals based on specific topics and skills that you need to learn, and it should commit you to a realistic set of deadlines for meeting those goals. Then you need to discipline yourself to stick with your plan and accomplish your goals on schedule.

5. Develop Your Study Plan

Develop a personalized study plan and schedule

Planning your study time is important because it will help ensure that you review all content areas covered on the test. Use the sample study plan below as a guide. It shows a plan for the *Core Academic Skills for Educators: Reading* test. Following that is a study plan template that you can fill out to create your own plan. Use the "Learn about Your Test" and "Test Specifications" information beginning on page 5 to help complete it.

Use this worksheet to:

- 1. Define Content Areas:** List the most important content areas for your test as defined in chapter 1.
- 2. Determine Strengths and Weaknesses:** Identify your strengths and weaknesses in each content area.
- 3. Identify Resources:** Identify the books, courses, and other resources you plan to use for each content area.
- 4. Study:** Create and commit to a schedule that provides for regular study periods.

Praxis Test Name (Test Code): Core Academic Skills for Educators: Reading (5712)

Test Date: 9/15/21

Content covered	Description of content	How well do I know the content? (scale 1–5)	What resources do I have/need for the content?	Where can I find the resources I need?	Dates I will study the content	Date completed
Key Ideas and Details						
Close reading	Draw inferences and implications from the directly stated content of a reading selection	3	Middle school English textbook	College library, middle school teacher	7/15/21	7/15/21
Determining Ideas	Identify summaries or paraphrases of the main idea or primary purpose of a reading selection	3	Middle school English textbook	College library, middle school teacher	7/17/21	7/17/21
Determining Ideas	Identify summaries or paraphrases of the supporting ideas and specific details in a reading selection	3	Middle and high school English textbook	College library, middle and high school teachers	7/20/21	7/21/21
Craft, Structure, and Language Skills						
Interpreting tone	Determine the author's attitude toward material discussed in a reading selection	4	Middle and high school English textbook	College library, middle and high school teachers	7/25/21	7/26/21
Analysis of structure	Identify key transition words and phrases in a reading selection and how they are used	3	Middle and high school English textbook, dictionary	College library, middle and high school teachers	7/25/21	7/27/21
Analysis of structure	Identify how a reading selection is organized in terms of cause/effect, compare/contrast, problem/solution, etc.	5	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/1/21	8/1/21
Author's purpose	Determine the role that an idea, reference, or piece of information plays in an author's discussion or argument	5	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/1/21	8/1/21

(continued on next page)

Content covered	Description of content	How well do I know the content? (scale 1–5)	What resources do I have/need for the content?	Where can I find the resources I need?	Dates I will study the content	Date completed
Language in different contexts	Determine whether information presented in a reading selection is presented as fact or opinion	4	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/1/21	8/1/21
Contextual meaning	Identify the meanings of words as they are used in the context of a reading selection	2	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/1/21	8/1/21
Figurative Language	Understand figurative language and nuances in word meanings	2	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/8/21	8/8/21
Vocabulary range	Understand a range of words and phrases sufficient for reading at the college and career readiness level	2	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/15/21	8/17/21
Integration of Knowledge and Ideas						
Diverse media and formats	Analyze content presented in diverse media and formats, including visually and quantitatively, as well as in words	2	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/22/21	8/24/21
Evaluation of arguments	Identify the relationship among ideas presented in a reading selection	4	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/24/21	8/24/21
Evaluation of arguments	Determine whether evidence strengthens, weakens, or is relevant to the arguments in a reading selection	3	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/27/21	8/27/21
Evaluation of arguments	Determine the logical assumptions upon which an argument or conclusion is based	5	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/28/21	8/30/21
Evaluation of arguments	Draw conclusions from material presented in a reading selection	5	High school textbook, college course notes	College library, course notes, high school teacher, college professor	8/30/21	8/31/21
Comparison of texts	Recognize or predict ideas or situations that are extensions of or similar to what has been presented in a reading selection	4	High school textbook, college course notes	College library, course notes, high school teacher, college professor	9/3/21	9/4/21
Comparison of texts	Apply ideas presented in a reading selection to other situations	2	High school textbook, college course notes	College library, course notes, high school teacher, college professor	9/5/21	9/6/21

6. Review Study Topics

Detailed study topics with questions for discussion

Using the Study Topics That Follow

The Speech-Language Pathology test is designed to measure the subject-area knowledge and competencies necessary for a beginning speech-language pathologist. The topics for questions are typically those covered in a master's program in speech-language pathology. The questions include definition of terms, comprehension of critical concepts, application, analysis, and problem solving.

This chapter is intended to help you organize your preparation for the test and to give you a clear indication about the depth and breadth of the knowledge required for success on the test.

You are not expected to be an expert on all aspects of the topics that follow. You should understand the major characteristics of each topic, recognize the minor topics, and have some familiarity with the subtopics. Virtually all accredited master's programs in speech-language pathology address the majority of these topics, subtopics, and even minor topics.

You are likely to find that the topics appearing in this section are covered by most introductory speech-language pathology textbooks, but a general survey textbook will not cover all of the subtopics in sufficient depth. Thus, you should consult additional materials and resources, including topic-specific textbooks and notes from class lectures and clinical practice, from all your speech-language pathology course work. You should be able to map specific topics and subtopics to the content you have covered in your courses in basic human communication processes, phonological and language disorders, speech and swallowing disorders, neurogenic disorders, and so on.

Try not to be overwhelmed by the volume and scope of content knowledge in this guide. An overview such as this, which lists speech-language pathology topics, does not offer you a great deal of context. Although a specific term may not seem familiar as you see it here, you might find that you can understand it when it is applied to a real-life situation. Many of the items on the actual *Praxis*® test will provide you with a context in which to apply these topics or terms.

Discussion Areas

Interspersed throughout the study topics are discussion areas, presented as open-ended questions or statements. These discussion areas are intended to help test your knowledge of fundamental concepts and your ability to apply those concepts to situations in the real world. Most of the areas require you to combine several pieces of knowledge to formulate an integrated understanding and response. If you spend time on these areas, you will gain increased understanding and facility with the subject matter covered on the test. You may want to discuss these areas and your answers with a teacher or mentor.

Note that this study companion *does not provide answers for the discussion area questions*, but thinking about the answers to them will help improve your understanding of fundamental concepts and will probably help you answer a broad range of questions on the test.

Study Topics

An overview of the areas covered on the test, along with their subareas, follows.

I. Foundations and Professional Practice

Speech-language pathologists must have strong foundational knowledge about typical communication development, as well as common characteristics of communication and swallowing disorders and potential factors impacting communication.

SLPs must also understand the professional practice requirements that support the provision of services. Knowledge about these requirements ensures that ethical, culturally competent services are provided within the framework of legislative and regulatory requirements and are founded in research.

A. Foundations

1. Typical development and performance across the lifespan
 - a. developmental norms
 - b. speech sound and phonology
 - c. receptive and expressive language
 - syntax and morphology
 - semantics
 - pragmatics/social language
 - d. fluency
 - e. voice, resonance, and motor speech
 - f. feeding and swallowing
 - g. cognition
 - h. processing
 - i. motor and linguistic processes
2. Factors that influence communication, feeding, and swallowing
 - a. medical
 - b. cultural and ethnic
 - c. linguistic
 - d. psychological
 - e. anatomy/physiology
 - f. environmental
 - g. genetics
 - h. auditory
3. Epidemiology and characteristics of common communication and swallowing disorders
 - a. speech sound and phonology
 - b. syntax and morphology
 - c. semantics
 - d. pragmatics
 - e. fluency
 - f. voice, resonance, and motor speech
 - g. feeding and swallowing
 - h. cognition
 - i. processing

B. Professional Practice

1. Wellness and prevention
 - a. prevention terminology, practices, and public education
 - b. risk factors for communication disorders
2. Culturally and linguistically appropriate service delivery
 - a. understanding, respecting, and responding to explicit and implicit cultural factors that influence communication
 - b. identifying the impact of assimilation and acculturation on communication patterns
 - c. communication differences between speakers of the same language
3. Counseling, collaboration, and teaming
 - a. interpersonal communication and counseling techniques
 - b. integration of other professionals into the assessment and treatment process
 - c. communication with patient/client/student, families, and other professionals
4. Documentation
 - a. legal and regulatory requirements
 - b. purposes of documentation
 - c. privacy requirements
 - d. official records
5. Ethics
 - a. standards of ethical practice
 - permissions, referrals, and record keeping
 - client/patient/student privacy
 - supervisory requirements
 - conflicts of interest
 - professional competence

6. Legislation and client advocacy
 - a. federal laws and regulations impacting delivery of services
 - b. reporting requirements of governmental agencies
 - c. licensing requirements and standards
7. Research methodology and evidence-based practice
 - a. criterion for test selection
 - b. determining reliability of assessment procedures
 - c. models of research design
 - d. test construction principles
 - e. tenets of evidence-based practice

Discussion areas

- Describe some basic counseling techniques.
- How would you determine the reliability and validity of a test instrument?
- What are the major laws/regulations that affect SLP services in schools?
- What are the critical issues to consider when supervising speech-language pathology assistants?
- What factors determine when a referral should be made to another professional?
- Name a law/regulation concerning confidentiality of records.
- Describe a clinical situation in which an SLP would be expected to report a potential ethical violation.
- Describe a clinical situation that has the potential to be a conflict of interest.
- Discuss the role that SLPs may play in the prevention of communication disorders.
- Describe what should be included in the documentation provided for Medicaid or Medicare.
- Define professional competence.
- What are the developmental milestones for speech, language and communication?
- What is the range of normal hearing in terms of air conduction thresholds?
- Describe the embryological development of the face and palate.
- How does culture impact communication?
- Describe all of the events that occur during the normal, healthy swallow.
- What is the difference between incidence and prevalence?
- Name other disorders that may co-occur with a stuttering disorder.
- List social communication benchmarks for 2-3 year olds.
- Name environmental factors that influence communication.
- What are typical co-occurring disorders associated with a spoken language disorder?
- What are some speech and hearing disorders associated with cleft palate?
- Describe the typical characteristics of autism spectrum disorder.
- What are the common characteristics of childhood apraxia of speech?
- Define cultural competence.
- What are the tenets of evidence-based practices?

II. Screening, Assessment, Evaluation, and Diagnosis

Speech-language pathologists use a variety of tools and strategies to gather information about clients with communication and swallowing disorders. They must synthesize and analyze the information to develop appropriate management plans. This section will focus on screening, assessment, evaluation, and diagnosis of communication and swallowing disorders. Topics include how SLPs use and interpret various screening and assessment tools to determine whether additional formal evaluation is indicated, as well as issues related to the selection of appropriate tools and approaches for screening, assessment, and evaluation. Identification of relevant factors from the case history, determining an appropriate assessment protocol, and interpretation of findings to determine a diagnosis and formulate recommendations are covered in this section of the exam, as well.

A. Screening

1. Communication disorders
 - a. role of the SLP in screening for speech, language, and hearing disorders
 - b. screening procedures and approaches
 - c. identification of clients/patients and characteristics requiring further evaluation
 - d. knowledge of populations at risk for communication disorders
2. Feeding and swallowing disorders
 - a. role of the SLP in screening for feeding and swallowing disorders
 - b. screening procedures and approaches
 - c. identification of clients/patients and characteristics which require further evaluation
 - d. knowledge of factors leading to increased risk of swallowing and feeding disorders in various populations

B. Approaches to Assessment and Evaluation

1. Developing case histories
 - a. reviewing records for pertinent information
 - b. interviewing techniques to obtain pertinent information
 - c. integrating critical factors identified in the case history
2. Selecting appropriate assessment instruments, procedures, and materials

- a. identifying factors that influence test/procedure selection
 - b. identifying factors that require adaptation of traditional assessment procedures, instruments, and materials
 - c. selecting instrumental approaches that can be utilized to evaluate various communication and swallowing disorders (e.g., imaging, acoustic, aerodynamic, etc.)
3. Assessing factors that influence communication and swallowing disorders
 - a. cultural and ethnic factors
 - b. linguistic factors
 - c. medical factors (e.g., stable versus progressive conditions, early versus late onset, etc.)
 - d. developmental and cognitive factors
 - e. psychological factors
 - f. environmental factors
 4. Assessment of anatomy and physiology
 - a. assessment of pertinent anatomy, physiology, and neural substrates for:
 - respiration
 - phonation
 - speech sound production
 - resonance
 - speech/language perception and processing
 - feeding and swallowing

C. Assessment Procedures and Assessment

1. Speech sound production
 - a. standard and nonstandard assessment procedures
 - b. parameters of assessment of speech sound production
 - c. instrumental assessment of speech sound production
 - d. differential diagnosis of speech sound disorders
 - e. interpretation of assessment data
2. Fluency
 - a. standard and nonstandard assessment procedures
 - b. parameters of assessment of fluency
 - c. instrumental assessment of fluency disorders
 - d. differential diagnosis of fluency disorders (e.g., stuttering versus cluttering)
 - e. interpretation of assessment data

3. Voice, resonance, and motor speech
 - a. standard and nonstandard assessment procedures
 - b. parameters of assessment of voice, resonance, and motor speech disorders
 - c. instrumental assessment of voice, resonance, and motor speech disorders
 - d. differential diagnosis of voice, resonance, and motor speech disorders
 - e. interpretation of assessment data
 4. Receptive and expressive language
 - a. standard and nonstandard assessment procedures
 - b. parameters of assessment of receptive and expressive language disorders
 - c. instrumental assessment of language disorders
 - d. differential diagnosis of language disorders
 - e. interpretation of assessment data
 5. Social aspects of communication, including pragmatics
 - a. standard and nonstandard assessment procedures
 - b. parameters of assessment of social aspects of communication, including pragmatics
 - c. differential diagnosis of social communication disorders and pragmatic disorders
 - d. interpretation of assessment data
 6. Cognitive aspects of communication
 - a. standard and nonstandard assessment procedures
 - b. parameters of assessment of cognitive communication disorders
 - c. differential diagnosis of cognitive communication disorders
 - d. interpretation of assessment data
 7. Augmentative and alternative communication
 - a. standard and nonstandard assessment procedures
 - b. low tech and high tech instrumental assessment procedures
 - c. parameters of assessment for augmentative and alternative communication
 - d. interpretation of assessment data
 8. Hearing
 - a. assessment approaches
 - b. considerations related to age, developmental status, medical condition, etc.
 - c. interpretation of assessment (e.g., audiograms and tympanograms) and identification of indicators for referral
 9. Feeding and swallowing
 - a. instrumental and noninstrumental assessment procedures
 - b. considerations related to age, developmental status, medical/surgical history, etc.
 - c. differential diagnosis of feeding and swallowing disorders
 - d. interpretation of assessment data and indications for referral
- D. Etiology**
1. Genetic
 - a. modes of inheritance
 - b. genetic conditions associated with communication disorders and feeding/swallowing disorders, including common syndromes
 - c. features of common syndromes and their impact on communication and feeding/swallowing (e.g., Trisomy 21, 22q11.2 deletion syndrome, Fragile X syndrome, etc.)
 2. Developmental
 - a. developmental delay
 - b. congenital and acquired conditions associated with developmental communication and feeding/swallowing disorders
 3. Disease processes
 - a. childhood (e.g., congenital vocal fold paralysis, cystic fibrosis)
 - b. acquired (e.g., Bell's palsy, iatrogenic)
 - c. progressive (e.g., amyotrophic lateral sclerosis, myopathy)
 4. Auditory problems
 - a. congenital and childhood hearing loss
 - b. acquired hearing loss
 5. Neurological
 - a. congenital (e.g., cerebral palsy)
 - b. acquired (e.g., TBI, neoplasms, stroke)

6. Structural and functional
 - a. congenital (e.g., craniofacial anomalies)
 - b. acquired (e.g., head and neck surgery, trauma, and iatrogenic causes)
 - c. functional causes (e.g., velopharyngeal mislearning, vocal misuse)
7. Psychogenic

Discussion areas

- What are some “red flags” that indicate a possible communication or swallowing disorder in children, and which of these flags warrant further assessment?
- What are some accommodations in testing procedures that can be made for nonnative speakers of English?
- What are some examples of types of instrumental and/or imaging procedures that can be used to assess voice or swallowing?
- Describe standard and nonstandard procedures that can be used to assess speech sound production.
- Describe informal and formal procedures that can be used to assess speech disorders in children and adults.
- What are two examples of imaging approaches that can be used to assess velopharyngeal closure for speech?
- Explain criteria for differential diagnosis of speech sound disorder versus childhood apraxia of speech versus dysarthria.
- Describe informal and formal assessment procedures for receptive and expressive language.
- Describe various approaches for assessing language form, content, and use in adults.
- Describe how to assess social-pragmatic functioning of children with autism spectrum disorder.
- What are some methods for screening and evaluating hearing in young children?
- Identify type of hearing loss on an audiogram.
- Interpret a tympanogram.

- What is the recurrence risk for genetic transmission of an autosomal dominant condition?
- What are the typical features of a child with Fragile X syndrome, Down syndrome (Trisomy 21), and 22q11.2 deletion syndrome?
- What is the possible impact of a vocal fold paralysis on speech and swallowing?
- List common communication or swallowing conditions that co-occur with dysarthria.
- What is the possible impact of cerebral palsy on speech, language, and swallowing?
- A left-sided CVA is most likely to result in what types of communication impairments?
- Describe how a cleft palate negatively impacts feeding and swallowing.
- List causes of velopharyngeal dysfunction.

III. Planning, Implementation, and Evaluation of Treatment

Speech-language pathologists are responsible for designing and implementing evidence-based treatments to help clients maximize their functioning in communication and/or swallowing. Consequently, the test includes a range of items that pertain to treatment planning, implementation, and evaluation. This topic area includes issues related to the development and evaluation of treatment plans, as well as evidence-based principles and procedures associated with specific communication and swallowing disorders.

A. Treatment Planning

1. Evaluating factors that can affect treatment
 - a. evaluating the evidence base associated with a particular treatment strategy or approach
 - b. evaluating the role of client factors such as age, disorder type, disorder severity, concomitant disorders, personal goals/aspirations, and sociocultural background when planning and implementing treatment goals
 - c. evaluating the role of external factors such as caregivers' interactions with the client, school or workplace policies, public laws, medications and iatrogenic, and societal stereotypes when planning and implementing treatment goals
2. Initiating and prioritizing treatment and developing goals
 - a. processes and procedures for developing comprehensive, appropriate treatment goals
 - b. processes and procedures associated with integrating assessment results, caregiver or client/patient/student preferences, and treatment outcomes research
 - c. factors that affect when to begin, modify, or terminate a treatment plan
 - d. factors that affect the order in which treatment goals are addressed
3. Determining appropriate treatment details
 - a. factors related to treatment scheduling (e.g., number and duration of sessions, time and location of sessions)
 - b. factors related to treatment delivery (e.g., individual versus group sessions, sequential or simultaneous targeting of goals)
 - c. personnel requirements (e.g., extent to which caregivers, teachers, peers, etc., are involved with treatment)
 - d. training requirements (e.g., extent to which caregivers, teachers, peers, etc., need to be trained prior to participating in treatment or implementing generalization activities)
4. Generating a prognosis
 - a. considering/accounting for client/patient/student factors (e.g., age, motivation, nature of disorder) that can affect treatment outcome
 - b. considering/accounting for external factors (e.g., family support, availability of services) that can affect treatment outcome
5. Communicating recommendations
 - a. procedures, requirements, and best-practices for communicating treatment-related recommendations to clients/patients/students and (when appropriate) their family members
 - b. procedures, requirements, and best-practices for communicating treatment-related recommendations to other professionals who are involved in the client/patient/student's treatment plan
 - c. principles of interprofessional practice
6. General treatment principles and procedures
 - a. general principles and procedures to consider when selecting a treatment (e.g., age, disorder, sociocultural background, severity of impairment, nature of disability)

B. Treatment Evaluation

1. Establishing methods for monitoring treatment progress and outcomes to evaluate assessment and/or treatment plans
 - a. procedures associated with identifying appropriate measures of treatment progress and treatment outcomes
 - b. methods associated with measuring baseline performance
 - c. methods associated with measuring progress while treatment is ongoing
 - d. procedures associated with modifying progress measures, if necessary, while treatment is ongoing
 - e. methods associated with evaluating performance when treatment concludes (e.g., short- and long-term outcomes)
 - f. methods associated with determining the social validity of treatment outcomes and the impact of treatment outcomes on a client/patient's quality of life
2. Follow-up on post-treatment referrals and recommendations

C. Treatment

1. Speech sound production
 - a. principles and characteristics of interventions used in the treatment of disorders that affect speech sound production
 - b. strategies for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disability associated with speech sound production disorders or differences
2. Fluency
 - a. principles and characteristics of interventions used in the treatment of fluency disorders
 - b. strategies for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disability associated with fluency disorders

3. Voice, resonance, and motor speech
 - a. voice
 - principles and characteristics of interventions used in the treatment of voice disorders
 - strategies and procedures for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disability associated with voice disorders
 - b. resonance
 - principles and characteristics of interventions used in the treatment of resonance disorders
 - strategies for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disability associated with resonance disorders
 - c. motor speech
 - principles and characteristics of interventions used in the treatment of motor speech disorders
 - strategies for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disability associated with motor speech disorder
4. Receptive and expressive language
 - a. principles and characteristics of interventions used in the treatment of receptive and expressive disorders
 - b. strategies for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disabilities associated with receptive and expressive language functioning
5. Social aspects of communication, including pragmatics
 - a. principles and characteristics of interventions used to treat social aspects of communication, including pragmatics
 - b. strategies for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disability associated with social aspects of communication

6. Communication impairments related to cognition
 - a. principles and characteristics of interventions used to treat communication impairments that are related to cognitive functioning
 - b. strategies for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disability associated with cognitively based communication impairments
7. Treatment involving augmentative and alternative communication
 - a. factors involved in determining candidacy for AAC approaches
 - b. factors involved in selecting an appropriate AAC approach
 - c. principles and characteristics of AAC options/strategies
 strategies for preventing, reducing, or eliminating communicative and/or related (e.g., educational, occupational) disability in those who use AAC
8. Hearing and aural rehabilitation
 - a. principles and characteristics of interventions used in the treatment of hearing loss
 - b. strategies for preventing, reducing, or eliminating speech-language and/or related (e.g., educational, occupational) disability associated with hearing impairment
9. Swallowing and feeding
 - a. rationale for selection of interventions used in the treatment of swallowing and feeding disorders based on evaluation data
 - b. other factors (outside of evaluation data) affecting the likelihood of success for a given treatment for feeding/swallowing disorders
 - c. strategies for preventing, reducing, or eliminating swallowing and feeding disorders
 - d. strategies for reducing the common health-related adverse consequences of swallowing and feeding disorders

Discussion areas

- Describe the strength of the evidence base for treatments that are commonly used with specific speech, language, and swallowing disorders.
- Identify interventions that lack a substantial evidence base.
- List several examples of how the age of a client/patient/student can affect the type or delivery of a treatment.
- What patient or environmental factors can lead to better or worse patient adherence to treatment programs that rely on compensatory behaviors or exercise?
- Describe the processes and procedures that a clinician would use to develop a treatment plan for person who has a ___ disorder [choose a disorder].
- List some ways a clinician might respond when faced with a request from a client/patient/student to receive an intervention that is not well supported in the research literature.
- List several factors that would inform a clinician that he or she needs to modify the intervention plan of a client/patient/student.
- List several factors that would inform a clinician of when it is time to dismiss a client/patient/student from treatment.
- Describe the steps that a clinician would take to train caregivers in how to participate in the intervention plan of a client/patient/student.
- List some factors that a clinician would need to consider when setting a treatment schedule for a client/patient/student.
- Name several factors that can affect how favorably a client/patient/student responds to a particular intervention.
- Lists some steps that a clinician can take to involve a client/patient/student in setting treatment goals.
- Describe the primary component of evidence-based practice.

- List and explain the various levels of evidence in an evidence hierarchy.
- Explain the characteristics of pseudoscience and describe how it pertains to evidence-based practice.
- Discuss the process of developing interprofessional/team-based treatment plans.
- Describe some ways in which the sociocultural background of a client/patient/student can affect decisions related to treatment planning and implementation.
- Describe the process that a clinician would use to identify and implement appropriate measures of client/patient/student progress.
- Discuss the concept of social validity as it pertains to intervention approaches for specific communication and swallowing disorders.
- Explain how a clinician can evaluate the effect of an intervention on an individual's quality of life.
- List several factors that can confound a clinician's ability to evaluate treatment effects.
- Discuss how a clinician should respond when considering whether to implement a treatment that is new, controversial, and/or poorly researched.
- Compare the rationale, characteristics, implementation procedures, and evidence base associated with commonly used contemporary treatments for speech disorders (e.g., speech sound disorders, various voice and fluency disorders, various types of dysarthria).
- Compare the rationale, characteristics, implementation procedures, and evidence base associated with commonly used contemporary treatments for language and cognitive communication disorders (e.g., developmental language disorders, aphasia, dementia, TBI).
- Discuss the strategies/interventions that a clinician can use to address behavioral challenges that a client/patient/student exhibits.
- Evaluate the appropriateness of specific intervention practices in relation to information about a client/patient/student's physical, psychosocial, and sociocultural background.
- Explain the difference between treatment efficacy and effectiveness and how studies demonstrating each generalize the use of treatments in ordinary clinical settings.

7. Review Smart Tips for Success

Follow test-taking tips developed by experts

Learn from the experts. Take advantage of the following answers to questions you may have and practical tips to help you navigate the *Praxis* test and make the best use of your time.

Should I guess?

Yes. Your score is based on the number of questions you answer correctly, with no penalty or subtraction for an incorrect answer. When you don't know the answer to a question, try to eliminate any obviously wrong answers and then guess at the correct one. Try to pace yourself so that you have enough time to carefully consider every question.

Can I answer the questions in any order?

You can answer the questions in order or skip questions and come back to them later. If you skip a question, you can also mark it so that you can remember to return and answer it later. Remember that questions left unanswered are treated the same as questions answered incorrectly, so it is to your advantage to answer every question.

Are there trick questions on the test?

No. There are no hidden meanings or trick questions. All of the questions on the test ask about subject matter knowledge in a straightforward manner.

Are there answer patterns on the test?

No. You might have heard this myth: the answers on tests follow patterns. Another myth is that there will never be more than two questions in a row with the correct answer in the same position among the choices. Neither myth is true. Select the answer you think is correct based on your knowledge of the subject.

Can I write on the scratch paper I am given?

Yes. You can work out problems on the scratch paper, make notes to yourself, or write anything at all. Your scratch paper will be destroyed after you are finished with it, so use it in any way that is helpful to you. But make sure to select or enter your answers on the computer.

Smart Tips for Taking the Test

1. **Skip the questions you find extremely difficult.** Rather than trying to answer these on your first pass through the test, you may want to leave them blank and mark them so that you can return to them later. Pay attention to the time as you answer the rest of the questions on the test, and try to finish with 10 or 15 minutes remaining so that you can go back over the questions you left blank. Even if you don't know the answer the second time you read the questions, see if you can narrow down the possible answers, and then guess. Your score is based on the number of right answers, so it is to your advantage to answer every question.

2. **Keep track of the time.** The on-screen clock will tell you how much time you have left. You will probably have plenty of time to answer all of the questions, but if you find yourself becoming bogged down, you might decide to move on and come back to any unanswered questions later.
3. **Read all of the possible answers before selecting one.** For questions that require you to select more than one answer, or to make another kind of selection, consider the most likely answers given what the question is asking. Then reread the question to be sure the answer(s) you have given really answer the question. Remember, a question that contains a phrase such as “Which of the following does NOT . . .” is asking for the one answer that is NOT a correct statement or conclusion.
4. **Check your answers.** If you have extra time left over at the end of the test, look over each question and make sure that you have answered it as you intended. Many test takers make careless mistakes that they could have corrected if they had checked their answers.
5. **Don’t worry about your score when you are taking the test.** No one is expected to answer all of the questions correctly. Your score on this test is not analogous to your score on the *GRE*[®] or other tests. It doesn’t matter on the *Praxis* tests whether you score very high or barely pass. If you meet the minimum passing scores for your state and you meet the state’s other requirements for obtaining a teaching license, you will receive a license. In other words, what matters is meeting the minimum passing score. You can find passing scores for all states that use the *Praxis* tests at <https://www.ets.org/praxis/institutions/scores/passing/> or on the web site of the state for which you are seeking certification/licensure.
6. **Use your energy to take the test, not to get frustrated by it.** Getting frustrated only increases stress and decreases the likelihood that you will do your best. Highly qualified educators and test development professionals, all with backgrounds in teaching, worked diligently to make the test a fair and valid measure of your knowledge and skills. Your state painstakingly reviewed the test before adopting it as a licensure requirement. The best thing to do is concentrate on answering the questions.

8. Check on Testing Accommodations

See if you qualify for accommodations to take the Praxis test

What if English is not my primary language?

Praxis tests are given only in English. If your primary language is not English (PLNE), you may be eligible for extended testing time. For more details, visit https://www.ets.org/praxis/register/plne_accommodations/.

What if I have a disability or other health-related need?

The following accommodations are available for *Praxis* test takers who meet the Americans with Disabilities Act (ADA) Amendments Act disability requirements:

- Extended testing time
- Additional rest breaks
- Separate testing room
- Writer/recorder of answers
- Test reader
- Sign language interpreter for spoken directions only
- Perkins Braille
- Braille slate and stylus
- Printed copy of spoken directions
- Oral interpreter
- Audio test
- Braille test
- Large print test book
- Large print answer sheet
- Listening section omitted

For more information on these accommodations, visit www.ets.org/praxis/register/disabilities.

Note: Test takers who have health-related needs requiring them to bring equipment, beverages, or snacks into the testing room or to take extra or extended breaks must request these accommodations by following the procedures described in the *Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs* (PDF), which can be found at https://www.ets.org/s/praxis/pdf/bulletin_supplement_test_takers_with_disabilities_health_needs.pdf.

You can find additional information on available resources for test takers with disabilities or health-related needs at www.ets.org/disabilities.

9. Do Your Best on Test Day

Get ready for test day so you will be calm and confident

You followed your study plan. You prepared for the test. Now it's time to prepare for test day.

Plan to end your review a day or two before the actual test date so you avoid cramming. Take a dry run to the test center so you're sure of the route, traffic conditions, and parking. Most of all, you want to eliminate any unexpected factors that could distract you from your ultimate goal—passing the *Praxis* test!

On the day of the test, you should:

- be well rested
- wear comfortable clothes and dress in layers
- eat before you take the test
- bring an acceptable and valid photo identification with you
- bring an approved calculator only if one is specifically permitted for the test you are taking (see Calculator Use, at http://www.ets.org/praxis/test_day/policies/calculators)
- be prepared to stand in line to check in or to wait while other test takers check in

You can't control the testing situation, but you can control yourself. Stay calm. The supervisors are well trained and make every effort to provide uniform testing conditions, but don't let it bother you if the test doesn't start exactly on time. You will have the allotted amount of time once it does start.

You can think of preparing for this test as training for an athletic event. Once you've trained, prepared, and rested, give it everything you've got.

What items am I restricted from bringing into the test center?

You cannot bring into the test center personal items such as:

- handbags, knapsacks, or briefcases
- water bottles or canned or bottled beverages
- study materials, books, or notes
- pens, pencils, scrap paper, or calculators, unless specifically permitted for the test you are taking (see Calculator Use, at http://www.ets.org/praxis/test_day/policies/calculators)
- any electronic, photographic, recording, or listening devices

Personal items are not allowed in the testing room and will not be available to you during the test or during breaks. You may also be asked to empty your pockets. At some centers, you will be assigned a space to store your belongings, such as handbags and study materials. Some centers do not have secure storage space available, so please plan accordingly.

Test centers assume no responsibility for your personal items.

If you have health-related needs requiring you to bring equipment, beverages or snacks into the testing room or to take extra or extended breaks, you need to request accommodations in advance. Procedures for requesting accommodations are described in the [Bulletin Supplement for Test Takers with Disabilities or Health-related Needs \(PDF\)](#).

Note: All cell phones, smart phones (e.g., Android® devices, iPhones®, etc.), and other electronic, photographic, recording, or listening devices are strictly prohibited from the test center. If you are seen with such a device, you will be dismissed from the test, your test scores will be canceled, and you will forfeit your test fees. If you are seen *using* such a device, the device will be confiscated and inspected. For more information on what you can bring to the test center, visit www.ets.org/praxis/test_day/bring.

Are You Ready?

Complete this checklist to determine whether you are ready to take your test.

- Do you know the testing requirements for the license or certification you are seeking in the state(s) where you plan to teach?
- Have you followed all of the test registration procedures?
- Do you know the topics that will be covered in each test you plan to take?
- Have you reviewed any textbooks, class notes, and course readings that relate to the topics covered?
- Do you know how long the test will take and the number of questions it contains?
- Have you considered how you will pace your work?
- Are you familiar with the types of questions for your test?
- Are you familiar with the recommended test-taking strategies?
- Have you practiced by working through the practice questions in this study companion or in a study guide or practice test?
- If constructed-response questions are part of your test, do you understand the scoring criteria for these questions?
- If you are repeating a *Praxis* test, have you analyzed your previous score report to determine areas where additional study and test preparation could be useful?

If you answered “yes” to the questions above, your preparation has paid off. Now take the *Praxis* test, do your best, pass it—and begin your teaching career!

10. Understand Your Scores

Understand how tests are scored and how to interpret your test scores

Of course, passing the *Praxis* test is important to you so you need to understand what your scores mean and what your state requirements are.

What are the score requirements for my state?

States, institutions, and associations that require the tests set their own passing scores. Visit www.ets.org/praxis/states for the most up-to-date information.

If I move to another state, will my new state accept my scores?

The *Praxis* tests are part of a national testing program, meaning that they are required in many states for licensure. The advantage of a national program is that if you move to another state that also requires *Praxis* tests, you can transfer your scores. Each state has specific test requirements and passing scores, which you can find at www.ets.org/praxis/states.

How do I know whether I passed the test?

Your score report will include information on passing scores for the states you identified as recipients of your test results. If you test in a state with automatic score reporting, you will also receive passing score information for that state.

A list of states and their passing scores for each test are available online at www.ets.org/praxis/states.

What your *Praxis* scores mean

You received your score report. Now what does it mean? It's important to interpret your score report correctly and to know what to do if you have questions about your scores.

Visit http://www.ets.org/s/praxis/pdf/sample_score_report.pdf to see a sample score report.

To access *Understanding Your Praxis Scores*, a document that provides additional information on how to read your score report, visit www.ets.org/praxis/scores/understand.

Put your scores in perspective

Your score report indicates:

- Your score and whether you passed
- The range of possible scores
- The raw points available in each content category
- The range of the middle 50 percent of scores on the test

If you have taken the same *Praxis* test or other *Praxis* tests in the last 10 years, your score report also lists the highest score you earned on each test taken.

Content category scores and score interpretation

Questions on the *Praxis* tests are categorized by content. To help you in future study or in preparing to retake the test, your score report shows how many raw points you earned in each content category. Compare your “raw points earned” with the maximum points you could have earned (“raw points available”). The greater the difference, the greater the opportunity to improve your score by further study.

Score scale changes

ETS updates *Praxis* tests on a regular basis to ensure they accurately measure the knowledge and skills that are required for licensure. When tests are updated, the meaning of the score scale may change, so requirements may vary between the new and previous versions. All scores for previous, discontinued tests are valid and reportable for 10 years, provided that your state or licensing agency still accepts them.

These resources may also help you interpret your scores:

- *Understanding Your Praxis Scores* (PDF), found at <https://www.ets.org/praxis/about/bulletin/>
- *The Praxis Passing Scores* (PDF), found at <https://www.ets.org/praxis/institutions/scores/passing/>
- State requirements, found at www.ets.org/praxis/states

Appendix: Other Questions You May Have

Here is some supplemental information that can give you a better understanding of the *Praxis* tests.

What do the *Praxis* tests measure?

The *Praxis* tests measure the specific knowledge and skills that beginning teachers need. The tests do not measure an individual's disposition toward teaching or potential for success, nor do they measure your actual teaching ability. The assessments are designed to be comprehensive and inclusive but are limited to what can be covered in a finite number of questions and question types. Teaching requires many complex skills that are typically measured in other ways, including classroom observation, video recordings, and portfolios.

Ranging from Agriculture to World Languages, there are more than 80 *Praxis* tests, which contain selected-response questions or constructed-response questions, or a combination of both.

Who takes the tests and why?

Some colleges and universities use the *Praxis* Core Academic Skills for Educators tests (Reading, Writing, and Mathematics) to evaluate individuals for entry into teacher education programs. The assessments are generally taken early in your college career. Many states also require Core Academic Skills test scores as part of their teacher licensing process.

Individuals entering the teaching profession take the *Praxis* content and pedagogy tests as part of the teacher licensing and certification process required by many states. In addition, some professional associations and organizations require the *Praxis* Subject Assessments for professional licensing.

Do all states require these tests?

The *Praxis* tests are currently required for teacher licensure in approximately 40 states and United States territories. These tests are also used by several professional licensing agencies and by several hundred colleges and universities. Teacher candidates can test in one state and submit their scores in any other state that requires *Praxis* testing for licensure. You can find details at www.ets.org/praxis/states.

What is licensure/certification?

Licensure in any area—medicine, law, architecture, accounting, cosmetology—is an assurance to the public that the person holding the license possesses sufficient knowledge and skills to perform important occupational activities safely and effectively. In the case of teacher licensing, a license tells the public that the individual has met predefined competency standards for beginning teaching practice.

Because a license makes such a serious claim about its holder, licensure tests are usually quite demanding. In some fields, licensure tests have more than one part and last for more than one day. Candidates for licensure in all fields plan intensive study as part of their professional preparation. Some join study groups, others study alone. But preparing to take a licensure test is, in all cases, a professional activity. Because a licensure exam surveys a broad body of knowledge, preparing for a licensure exam takes planning, discipline, and sustained effort.

Why does my state require the *Praxis* tests?

Your state chose the *Praxis* tests because they assess the breadth and depth of content—called the “domain”—that your state wants its teachers to possess before they begin to teach. The level of content knowledge, reflected in the passing score, is based on recommendations of panels of teachers and teacher educators in

each subject area. The state licensing agency and, in some states, the state legislature ratify the passing scores that have been recommended by panels of teachers.

How were the tests developed?

ETS consulted with practicing teachers and teacher educators around the country during every step of the *Praxis* test development process. First, ETS asked them what knowledge and skills a beginning teacher needs to be effective. Their responses were then ranked in order of importance and reviewed by hundreds of teachers.

After the results were analyzed and consensus was reached, guidelines, or specifications, for the multiple-choice and constructed-response tests were developed by teachers and teacher educators. Following these guidelines, teachers and professional test developers created test questions that met content requirements and [ETS Standards for Quality and Fairness](#).*

When your state adopted the research-based *Praxis* tests, local panels of teachers and teacher educators evaluated each question for its relevance to beginning teachers in your state. During this “validity study,” the panel also provided a passing-score recommendation based on how many of the test questions a beginning teacher in your state would be able to answer correctly. Your state’s licensing agency determined the final passing-score requirement.

ETS follows well-established industry procedures and standards designed to ensure that the tests measure what they are intended to measure. When you pass the *Praxis* tests your state requires, you are proving that you have the knowledge and skills you need to begin your teaching career.

How are the tests updated to ensure the content remains current?

Praxis tests are reviewed regularly. During the first phase of review, ETS conducts an analysis of relevant state and association standards and of the current test content. State licensure titles and the results of relevant job analyses are also considered. Revised test questions are then produced following the standard test development methodology. National advisory committees may also be convened to review and revise existing test specifications and to evaluate test forms for alignment with the specifications.

How long will it take to receive my scores?

Scores for tests that do not include constructed-response questions are available on screen immediately after the test. Scores for tests that contain constructed-response questions or essays aren’t available immediately after the test because of the scoring process involved. Official score reports are available to you and your designated score recipients approximately two to three weeks after the test date for tests delivered continuously, or two to three weeks after the testing window closes for other tests. See the test dates and deadlines calendar at www.ets.org/praxis/register/dates_centers for exact score reporting dates.

Can I access my scores on the web?

All test takers can access their test scores via My *Praxis* Account free of charge for one year from the posting date. This online access replaces the mailing of a paper score report.

The process is easy—simply log into My *Praxis* Account at www.ets.org/praxis and click on your score report. If you do not already have a *Praxis* account, you must create one to view your scores.

Note: You must create a *Praxis* account to access your scores, even if you registered by mail or phone.

*[ETS Standards for Quality and Fairness](#) (2014, Princeton, N.J.) are consistent with the “[Standards for Educational and Psychological Testing](#),” industry standards issued jointly by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education (2014, Washington, D.C.).

Your professional career is worth preparing for, so start today!
Let the *Praxis*® *Study Companion* guide you.

To search for the *Praxis* test prep resources
that meet your specific needs, visit:

www.ets.org/praxis/testprep

To purchase official test prep made by the creators
of the *Praxis* tests, visit the ETS Store:

www.ets.org/praxis/store

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