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# **THE UNIVERSITY OF ZAMBIA**

## **SCHOOL OF EDUCATION**

### **2015 FULL YEAR COUSES EXAMS**

#### **POST GRADUATE**

<b>COURSE CODE</b>	<b>COURSE TITLE</b>
1. APL 5122	ASSESSMENT IN LANGUAGE TEACHING
2. APL/ LSE 5912	CONTEMPORARY ISSUES IN SECOND LANGUAGE TEACHING
3. CVE 5210	ISSUES IN CIVIC EDUCATION
4. CVE 5220	PRINCIPLES AND THEORIES OF CIVIC EDUCATION
5. DPE 5115	ADVANCED ISSUES AND PRIMARY EDUCATION
6. DPE 5180	ADVANCED TEACHING OF SOCIAL STUDIES
7. EAP 5110	SCHOOL IMPROVEMENT AND MANAGEMENT OF CHANGE IN EDUCATION
8. EAP 5210	DEVELOPMENT AND ANALYSIS OF POLICY IN EDUCATION
9. EAP 5245	FINANCING OF HIGHER EDUCATON
10. EED 5230	EDUCATION FOR SUSTANABLE DEVELOPMENT
11. EPS 5410	THEORIES IN CAREER DEVELOPMENT AND MANAGEMENT

12. EPS 5420

GUIDANCE AND COUNSELLING

13. EPS 6582

SEMINARS IN COMMUNICATION SCIENCES

14. EPS 6592

INTERNSHIP COURSE

UNIVERSITY OF ZAMBIA

UNIVERSITY EXAMINATIONS-JUNE/JULY 2015

APL5122 : ASSESSMENT IN LANGUAGE TEACHING.

INSTRUCTIONS: ANSWER THREE QUESTIONS.

DURATION: THREE HOURS.

MARKS : 50

{1} Write short notes on the following:

- . Assessment
- . Formative assessment.
- . Summative assessment
- . Docimology
- . Communicative assessment

{2} Compare and contrast achievement and progress tests.

{3} Discuss with relevant examples the importance of VALIDITY and RELIABILITY in the designing of assessment items.

{4} Compare and contrast Traditional and communicative tests.

{5} Describe in detail the procedure for developing a good examination.

{6} "National examinations are a necessary evil". Examine this statement in the light of Benefits and challenges of examinations in Africa.

END OF EXAM.

THE UNIVERSITY OF ZAMBIA  
SCHOOL OF EDUCATION  
DEPARTMENT OF LANGUAGE AND SOCIAL SCIENCES EDUCATION  
MASTERS OF EDUCATION IN APPLIED LINGUISTICS  
FINAL EXAMINATION  
COURSE CODE: APL/LSE: 5912  
COURSE TITLE: CONTEMPORARY ISSUES IN SECOND LANGUAGE TEACHING

MARKS: 100%

INSTRUCTIONS

TIME: THREE HOURS

- INSTRUCTIONS:
1. There are **TWO** sections in this paper, **A** and **B**
  2. Answer only **three** questions in all
  3. Question 1 in section A is **compulsory**, and you should Answer any **two** questions from **section B**
  4. All questions carry equal marks
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**SECTION A**

**Question 1:**

Write briefly on **any five** of the following concepts and terminologies in Applied Linguistics. Write not more than one and a half pages on each of the five selected concepts, but write enough to define explain and illustrate, where necessary.

- a. Appropriateness versus innovativeness in the production of teaching and learning material to teach any one of the four language skills
- b. Oral language activities versus the type of a Medium of instruction used in the teaching of initial literacy to early grade learners.
- c. Communicative competence versus linguistic competence in teaching language skills

- d. Emergent literacy versus Executive Functions and Pre-school Education in the teaching of initial literacy
- e. Children's familiar language as a Language of instruction in a Zambian situation
- f. Productive skills versus receptive skills in language teaching

**SECTION B:** Answer any **two** questions from this section

**Question 2**

Discuss the role of oral language activities in the teaching of initial literacy in any of the seven zonal languages used as languages of Instructions from grade 1-4 according to the new language policy in English. State some challenges teachers could be facing in the implementation of this policy.

**Question 3**

Design an activity you would use to assess phonological and phonemic awareness among grade two pupils. Explain how this activity can be administered and at what stage of the lesson.

**Question 4**

Discuss how the newly introduced Primary Literacy Program (PLP), currently being implemented in Zambian schools, is said to be different from the old Primary Reading Programme (PRP). Give examples, where possible.

**Question 5**

*"Curriculum development is a consultative and participatory process"*

Discuss the above statement in line with the development of the Zambian Education Curriculum Framework. Give examples to support your argument

END OF EXAMINATION

**THE UNIVERSITY OF ZAMBIA  
SCHOOL OF EDUCATION**

**2014/15 ACADEMIC YEAR**

**CVE 5210: ISSUES IN CIVIC EDUCATION**

**TIME: THREE HOURS**

**INSTRUCTIONS: ANSWER QUESTION NO. 1 AND ANY OTHER TWO  
QUESTIONS FROM THE GIVEN QUESTIONS**

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1. Explore state-society relations and explain why modern public management emphasizes on the shift from “government” to “governance”
2. Efficient and effective service delivery is possible under whichever political and economic system. Discuss.
3. Giving examples from Zambia, discuss the assertion that public sector reforms based on New Public Management (NPM) are not suitable for developing countries.
4. What is decentralisation? In your view can public sector reforms be effective without decentralization?
5. With reference to their weaknesses and strengths explain how the state sector, the nonprofit sector and the private sector form a partnership in public service delivery.

**END OF EXAMINATION**

**The University of Zambia**

**School of Education**

**University Postgraduate Examinations- July 2015**

**CVE 5220: Principles and Theories of Civic Education**

**Instructions:**

- a. There are five(5) questions in this paper and answer any three**
- b. Failure to address demands of the questions will lead to loss of marks**
- c. Write as legible as possible**
- d. All questions in this paper carry equal marks**

1. The late 1980s and early 1990s witnessed a 'revival' in civic republican thinking within Western political philosophy. In the light of this development, discuss two fundamental ideas that led to this revival. (30marks)
2. Many definitions of Civic Education have arisen against the background of a liberal faith in representative democracy and a free market economy. In the light of this statement, discuss challenges to the policy discourse of Civic Education.(30marks)
3. "Civic Education has become strongly linked to discussions about the pressure of changes on the nature of relationships between differing groups in society as well as those between the individual and the state". Discuss.(30marks)
4. With clear examples, show how the discourse of citizenship is closely linked to Civic Education.(30marks)
5. Critically discuss the relationship between 'Ubuntu' as a worldview and Civic Education. (30marks)

**THE UNIVERSITY OF ZAMBIA**  
**DIRECTORATE OF RESEARCH AND GRADUATE STUDIES**  
**SCHOOL OF EDUCATION**

**FINAL EXAMINATION – 2015**

**DPE 5115**

**ADVANCED ISSUES IN PRIMARY EDUCATION**

**TIME THREE (3) HOURS**

**Instruction**

1. Answer four (4) questions.
2. Clearly indicate your computer number on the front cover of your answer booklet.
3. Also, clearly write the number of the question you are answering in the left hand margin of the sheets of paper contained in the answer booklet.

**Question one**

The national policy document Educating Our Future (1996) gives a directive on including practical subjects in the middle primary school. Give an appraisal of the primary education in instilling entrepreneurial skills in the primary school pupils.

**Question two**

The conduct of punishment in primary school is provided for in the Education Act of 2000. Discuss the legal implications for meting out on school children.

**Question three**

In 2003, 2,230 girls dropped out of school in Zambia because they fell pregnant. (Guidelines for the Re-entry policy). Discuss the reasons for permitting girls to re-enter school after pregnancy.

**Question four**

Malnourished school children do not perform well in school. (Focus on Learning 1992). Health and nutrition in primary school will improve pupils' academic performance. Explain the pros and cons of this policy in Zambia.

**Question five**

Issues and complaints about public examinations are real and legitimate. Discuss this statement by giving merits and demerits and offering solutions.

**END OF EXAMINATION**



**THE UNIVERSITY OF ZAMBIA**

**School of Education**

**University Postgraduate Examinations – July/August 2015**

**DPE 5180** : Advanced Teaching of Social Studies

**TIME** : Three (3) hours

**INSTRUCTIONS** : Answer a total of three (3) questions. Question one is compulsory, then answer any two others. Credit will be given for answers showing deepened understanding of the topic instead of mere memorization of lecture notes

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1. Discuss the importance of values in social studies teaching and learning **(20 marks)**
2. Describe various philosophical orientations to teaching social studies **(10 marks)**
3. How can knowledge be classified in social studies? **(10 marks)**
4. “Owls also deserve a place in nature”. Discuss this statement with reference to education for sustainable development **(10 marks)**
5. Pilato’s song has generated controversy. Discuss how you may teach such a topic in social studies. **(10 marks)**

**=====END=====OF=====EXAMINATION=====**

# THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

## 2015 ACADEMIC YEAR FINAL EXAMINATION

EAP 5110: SCHOOL IMPROVEMENT AND MANAGEMENT OF CHANGE IN EDUCATION

TIME: THREE HOURS

### INSTRUCTIONS

- (i) Read through the question paper carefully before you select the questions you wish to attempt.
  - (ii) Answer only **THREE** out of the NINE questions given.
  - (iii) All questions carry equal marks.
  - (iv) Do not cut words at the end of each line.
  - (v) Write only your computer number on the answer sheet. You will be penalized heavily if you write your name on any answer sheet.
  - (vi) There is one printed page in this examination.
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- 1. Change has been continuous since the beginning of time. Comment on this statement with specific reference to the Management of Change in Education.
- 2. Mention any three kinds of authority and explain how each of them can be applicable in schools.
- 3. Define change in the context of education and development.
- 4. Identify any three principles of management which were published by Henri Fayol in 1916 and explain them in the context of educational change.
- 5. Managers in educational organizations should understand change and what causes it. Discuss this statement with specific reference to your own organisation.
- 6. What do you consider to be the personal characteristics and attributes of an efficient and effective secondary school head-teacher as a change manager?
- 7. How successful has the restructuring of the Ministry of Education been in the last 10 years?
- 8. Why did Zambia think of changing the education system in the 1970s?
- 9. Teachers must be able to manage the classroom in such a way that the environment created is conducive to teaching, learning and change. How do you plan to manage your classroom to set up such environment?

**END OF EXAMINATION!**

**THE UNIVERSITY OF ZAMBIA**

**SCHOOL OF EDUCATION**

**EAP 5210 – Development and Analysis of Policy in Education**

**2014/2015 EXAMINATIONS**

**TIME: THREE (3) HOURS**

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**INSTRUCTIONS**

- a) Answer **THREE (3)** Questions Only
  - b) **ALL** questions carry equal marks
  - c) You are required to read through all the questions carefully before selecting which ones to attempt.
  - d) Do not cut words at the end of each line.
  - e) There are 2 printed pages in this examination.
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1. What do you understand by the term “policy”? How are policies designed, formulated, implemented and evaluated?
2. Describe the evolution of educational policies before 1924. What was the major characteristic of the government thrust during this period?
3. Comment on the educational trends between 1924 and 1952.
4. Discuss the educational developments that characterized the period between 1953 and 1963.
5. Why did Zambia lack human resources in 1964? What did the Zambian government do between 1964 and 1974 to respond to this lack of human resources?
6. What is a reform? Why did Zambia decide to reform her education system in the 1970s? In the same vein describe the thinking behind the 1976 Education for Development document.
7. Briefly describe the document called Educating Our Future of 1996.
8. The Fifth National Development Plan (FNDP) aims at improving the Human Resource position in Zambia. Give a brief summary of the document.

9. What are the challenges, goals and characteristics of the Vision 2030 concept of the Government of the Republic of Zambia (GRZ)?

**END OF EXAMINATION**

# THE UNIVERSITY OF ZAMBIA

## SCHOOL OF EDUCATION

### FINAL EXAMINATION

#### EAP 5245: FINANCING OF HIGHER EDUCATION

DATE: 17<sup>TH</sup> JULY, 2015

TIME ALLOWED: 3 HOURS

#### INSTRUCTIONS:

- I. Answer any **three** questions exhaustively from the options given.*
  - II. Marks will be awarded based on synthesis, clear illustrations and using appropriate language and Logic.*
  - III. All questions carry equal marks.*
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1. It appears the Zambian government has been adopting different models and ideologies in financing education under different phases. With reference to either the First/Second or Third Republics, explore the model(s) the Zambian government adopted in Financing Higher Education.
  2. Financing of higher education is anchored on different underpinnings (frameworks). Discuss the significance of Human Capital and Neo-Liberal Ideologies in the Financing Higher Education.
  3. The financing of higher education throughout the world has seen dramatic changes. Synthesize the worldwide trends that have emerged in the financing of higher education in both the 20<sup>th</sup> and 21<sup>st</sup> Century.
  4. As a way of contextualizing the financing of higher education in developing Countries (like Zambia) in the face of fragility and austerity. What innovative models and approaches might be employed to bring about the much desired cost effectiveness and sustainability?
  5. A curious student of 'Economics of Education' is interested to understand why 'Financing Higher Education' is crucial in the discipline. Write concise notes for him/her highlighting different aspects of financing higher education.

**THE UNIVERSITY OF ZAMBIA**  
**SCHOOL OF EDUCATION**  
**2014/15 ACADEMIC YEAR FINAL EXAMINATIONS**

**EED 5230: EDUCATION FOR SUSTAINABLE DEVELOPMENT**

**TIME:** THREE (3) HOURS

**INSTRUCTIONS:** ANSWER QUESTIONS ONE (1) AND ANY OTHER TWO (2).  
CREDIT WILL BE GIVEN FOR USE OF RELEVANT  
ILLUSTRATIONS. QUESTION ONE CARRIES 20 MARKS

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1. You are an economic and environmental advisor to the office of the vice president, explain the economic, environmental and health benefits of using Bicycle transport in Chipata, eastern province of Zambia (20 marks).
  2. One of the principles of a sustainable society is 'to provide a national framework for integrating development and conservation'. Explain national measures/objectives to achieve sustainability (15 marks).
  3. Explain the FOUR PILLARS of learning in Education for Sustainable Development (15 marks).
  4. Discuss how the story below succinctly conveys the true meaning of Global Environmental Sustainability explaining clearly what the duck, golden egg and one egg per day represent (15 marks).  
*Once upon a time, there lived a very poor farmer who found it very hard to feed his large family. He prayed constantly to God for help, and, one night his prayers were answered. In a dream God told him that if he looked after the duck with respect and if he avoided being greedy at all cost, it will never die and will lay one golden egg everyday to benefit him, his children and their progeny in perpetuity. In the morning, the farmer went to the market and, as instructed, brought home the first duck he saw there. Next morning, to his surprise and delight he saw that the duck had laid a shiny golden egg, and it continued to do so every morning. The farmer was quite wealthy now. But soon he began to be resentful of the village land lord whose wealth was far greater than his. He ignored what God told him about being respectful and not being greedy, and successfully forced the duck to lay two eggs every day, then three. The duck obliged, but soon afterwards it died of exhaustion.*
  5. One of the thrusts of Education for Sustainable Development is to 'promote training'. Explain its proposed objectives (15 marks).
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**END OF EXAMINATION**

The University of Zambia  
School of Education  
2014 Academic Year Examination  
**EPS 5410**

Theories in Career Development and Management

Time: Three (3) hours

Marks: 50

Instructions:

- (i) There are six (6) questions in this examination paper,
- (ii) Attempt any three (3) questions,
- (iii) Each question carries 16.5 marks.

1. John Holland's theory of career choice maintains that in choosing a career, people prefer jobs where they can be around others who are like themselves. Do you agree or disagree with the statement above? Discuss.
2. Among the early theories on vocational guidance and career development, the Trait-and Factor theory has been the most durable and applicable of all theories. Show the relevance of this theory to modern career guidance practice and provide a critique of this theory.
3. Providing clear examples from the Zambian youths and the job market contextualize Donald Super's Life-Span and Life-Space theory on career choice and development.
4. Supported by clear examples, analyse the pros and cons of using standardized tests as a means of placing school graduates into higher education or training programmes in institutions.
5. Explain how knowledge of each of the following aspects, can enhance your role as career manager in your organization or institution,
  - (a) Sociological perspective of career choice
  - (b) Personal competencies of a client
  - (c) Career life planning process
6. Evaluate factors that may have influenced career choices among Zambian youths in the 21<sup>st</sup> century and suggest how they could be assisted to make more informed career decisions.

*End of Examination*

**THE UNIVERSITY OF ZAMBIA**  
**Directorate of Research and Graduate Studies**  
**School of Education**  
**End of 2014 Academic Year Examination**  
**Master of Education in Guidance and Counselling**  
**EPS 5420: GUIDANCE AND COUNSELLING**  
**Time: Three hours**

**Instructions**

- a. This examination contributes 50% to the course grade.
  - b. There are five questions. Answer three of the five questions.
  - c. Question one is compulsory and therefore, answer question one and any other two.
  - d. Write your responses in the answer booklet provided.
- 
1. From the guidance perspective, home and school are two major socialising agents which exercise a significant influence on shaping a child's behaviour and personality. Identify five school factors and five home factors that contribute to indiscipline in pupils and explain how each of these can be addressed. **(20 marks)**
  2. There are several theories used in counselling. In relation to counselling,
    - (i) What is a theory? **(5 marks)**
    - (ii) Explain attributes of a good counselling theory. **(10 marks)**
  3. Analyse seven (7) patterns of behaviour that can help to read characters of clients and using examples explain the meanings of such patterns of behaviour. **(15 marks)**
  4. Theories are classified into three main categories.
    - i) Which are these categories? **(3 marks)**
    - ii) Identify two theories and their respective proponents under each of the three categories. **(12 marks)**
  5. There are several beneficiaries to guidance services in a school. Justify this statement with evidence on five categories of beneficiaries and two examples per category of how they benefit from the school guidance services. **(15 marks)**

**End of Examination**



THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES  
SCHOOL OF EDUCATION

MASTER OF EDUCATION IN SPEECH AND LANGUAGE  
COMMUNICATION DISORDERS

**COURSE NAME: EPS 6582: Seminars in Communication Sciences**

**TIME: 3 HOURS**

**INSTRUCTIONS:**

1. This examination contributes 50% to your course grade.
  2. Answer 3 of the 6 questions.
  3. Write your responses on the answer booklet that is provided to you.
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1. The International Classification of Functioning, Disability and Health (ICF) is a framework that has drawn international attention on the concept of functional health since its publication in 2001. Discuss the history and rationale for its development, as well as its components. Finally, describe how and why you would use this framework in your work as speech-language therapist.
2. As a speech-language therapist, you will be writing goals for the children and adults you serve. What are SMART goals, why are they important, and how can you ensure that you are writing SMART goals (i.e., what questions can you ask yourself to make sure you are writing SMART goals). Finally, provide some examples of SMART goals for an individual that you have worked with in your practicum BUT DO NOT USE their real name.
3. Advocacy and educational outreach are important roles for speech-language pathologists. Discuss what advocacy is as well as the various levels of prevention advocacy. Provide examples of ways you can participate in the various levels of prevention advocacy in Zambia.
4. As speech-language therapist you will be working with diverse families with different perspectives, experiences, beliefs and backgrounds. Describe the components of skilled dialogue and why they are important. Provide an example of how you used or could have used skilled dialogue with a family that you have served as a student clinician.
5. The American Speech-Language-Hearing Association and the South African Speech-Hearing-Language Association have a code of ethics. Why is a code of ethics important? Describe some of the principles in the code of ethics of these two organizations, including some similarities and differences. What principles do you believe are important to consider for a code of ethics in a future Zambian national organization?

6. Speech-language therapists are accountable for providing safe and ethical care to the public. Discuss the chain of transmission as well as standard universal precautions. Describe what threats of infectious disease a speech-language therapist might encounter, as well as the universal precautions you envision incorporating into your future clinical practice.

**END OF EXAMINATION**

THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES SCHOOL OF  
EDUCATION

PROGRAMME: MASTER OF EDUCATION IN SPEECH AND LANGUAGE  
COMMUNICATION DISORDERS

COURSE NAME: **EPS 6592: Internship Course**

TIME: 3 HOURS

INSTRUCTIONS:

1. This examination contributes 50% to your course grade.
2. Select the ONE best answer from the given choices (A, B, C, D, or E ) for each question.
3. Mark that choice on the green and white SCANTRON form with a pencil.
4. Answer all of the questions, being careful to provide your answer on the correct numbered line.
5. Be sure to put your Candidate code number on the Scantron in the box reserved for your name.

THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES SCHOOL OF  
EDUCATION

PROGRAMME: MASTER OF EDUCATION IN SPEECH AND LANGUAGE  
COMMUNICATION DISORDERS

COURSE NAME: **EPS 6592: Internship Course**

TIME: 3 HOURS

INSTRUCTIONS:

1. This examination contributes 50% to your course grade.
2. Select the ONE best answer from the given choices (A, B, C, D, or E ) for each question.
3. Mark that choice on the green and white SCANTRON form with a pencil.
4. Answer all of the questions, being careful to provide your answer on the correct numbered line.
5. Be sure to put your Candidate code number on the Scantron in the box reserved for your name.

6592

Comprehensive Class Final Examination

1. You are seeing a 9-year-old boy, Emile, whose *Peabody Picture Vocabulary Test*—3 score is one year above age level. Emile appears to be performing adequately in the classroom. His teacher reports that he is at grade level in most subjects. However, Emile often interrupts others and irritates his listeners; as a result, he is avoided by many peers. His mother reports that he is not invited to other children's birthday parties, and that she has heard that other mothers view him as rude and disrespectful. Treatment should focus on increasing skills in the area of:
  - A. Pragmatics.
  - B. Syntax.
  - C. Morphology.
  - D. Semantics.
  - E. Phonology.
2. The two properties of a medium that affect sound transmission are:
  - a. Amplitude and intensity.
  - b. Mass and elasticity.
  - c. Compression and rarefaction.
  - d. Pressure and force.
  - e. Elasticity and compression.
3. The /r/ and /l/ sounds may both be characterized as:
  - a. Rhotics.
  - b. Glides.
  - c. Laterals.
  - d. Liquids.
  - e. Retroflexes.
4. A semivowel that can be categorized as a voiced bilabial glide that is +anterior and +continuant is the:
  - a. /j/
  - b. /w/
  - c. /ʃ/
  - ☒ d. /r/
  - e. /h/
5. The term coarticulation refers to:
  - a. Speech sounds being modified due to the influence of adjacent sounds to the point that there are perceptible changes in sounds.
  - b. The extent to which vocal tract configurations change shape during the production of consonants and vowels in running speech.
  - c. Vocal punctuation, or a combination of suprasegmentals such as intonation and pausing.

- d. The influence of various syllables upon one another when a client recites a phonetically balanced list of words.
  - e. The influence of one phoneme upon another in production and perception wherein two different articulators move simultaneously to produce two different speech sounds.
6. Broad phonemic transcription involves:
- a. The use of IPA symbols to transcribe phonemes by enclosing them within slash marks (e.g., /f/).
  - b. The use of diacritical markers to transcribe phonemes by enclosing them within slash marks (e.g., /f/).
  - c. The transcription of allophones by placing them within brackets (e.g., [f]).
  - d. The transcription of allophones by the use of diacritical markers.
  - e. The use of orthographic symbols to transcribe phonemes by enclosing them within slash marks (e.g., /r/).
7. A sinusoidal wave is a sound wave:
- a. With horizontal and vertical symmetry.
  - b. With one peak and one valley.
  - c. With a single frequency.
  - d. That is a result of simple harmonic motion.
  - e. All of the above.
8. A natural frequency is a frequency:
- I. with which a source of sound vibrates naturally.
  - II. that is affected by the mass and stiffness of the vibrating body.
  - III. that is the center frequency of a formant.
  - IV. that is the first harmonic.
  - V. that is the lowest frequency of a periodic wave.
- a. I, II
  - b. I, III, V
  - c. I, IV, V
  - d. II, III
  - e. All of the above
9. The to-and-fro movement of air molecules because of a vibrating object is referred to as:
- a. Oscillation.
  - b. Amplitude.
  - c. Velocity.
  - d. Displacement.
  - e. Rarefaction.
10. The lowest frequency of a periodic wave is also known as:
- a. The fundamental frequency or second harmonic.
  - b. The fundamental frequency or first harmonic.
  - c. The formant frequency or first harmonic.

- d. The first octave or the fundamental frequency.
  - e. The second octave or the first harmonic.
11. In a periodic complex sound, tones that occur over the fundamental frequency and can be characterized as whole-number multiples of the fundamental frequency are called:
- a. Complex sinusoidal wave forms.
  - b. Autocorrectional periodic wave forms.
  - c. Multiple bandwidths.
  - d. Tonal configuration forms.
  - e. Harmonics.
12. A child says "red crayon." This is an example of which type of semantic relations?
- A. Attribute + entity
  - B. Action + locative
  - C. Agent + action
  - D. Attribute + locative
  - E. Possession + attribute
13. You have been asked to give a workshop to a group of parents of infants who attend a developmental nursery. The parents are interested in what they can do to communicate more successfully with their infants. Most of the infants are between 1 and 10 months of age. Most of the parents do not have much money or access to toys and objects, but you are told that they do spend plenty of time with their babies. You are asked to speak about what specifically these parents can do to successfully interact with their infants in daily routines such as bathing, dressing, and eating. You will tell these parents:
- A. When your baby starts to cry, let him do so for 5-10 minutes before you respond this will teach the baby independence and motivate him to express himself in words later on (instead of crying).
  - B. Ideally, speak to the baby in utterances that are higher pitched and have greater pitch fluctuations than ordinary speech.
  - C. Increase the baby's rudimentary turn-taking skills by responding to his vocalizations and playing games such as peek-a-boo.
  - D. A, B, C
  - E. B, C
14. A child using *recurrence* would say:
- A. "Face dirty"
  - B. "All gone juice"
  - C. "More cookie"
  - D. "Doll mine"
  - E. "Close door"
15. A mother comes to you, concerned because her son Jake was born prematurely and had to spend the first few months of his life in a neonatal care unit. Now Jake is 9 months old, and his mother wants to make sure that his language development is "on target for his age." You

go to Jake's home to observe him, and you also ask his mother to give you a detailed description of his communication patterns. As you evaluate Jake's language development, you need to remember that one of the following does NOT occur between 8 and 10 months of age in the normally developing child. Which one is it?

- A. Comprehension of *no*
- B. Using the phrase "all gone" to express emerging negation
- C. Using variegated babbling (e.g., "madamada")
- D. Uncovering a hidden toy (beginning of object permanence)
- E. Use of gestural language such as shaking head no, playing peek-a-boo

16. Pragmatic skills involve:

- A. Understanding words with multiple meanings (e.g., *rock*)
- B. Use of narratives, a form of discourse in which a speaker tells a story
- C. Use of appropriate cohesion, or the logical order and organization of utterances in a message
- D. B, C
- E. A, B, C

17. A 5-year-old child has been referred to you for a language assessment. There is a concern about his expressive language skills, and you decide to gather a language sample to assess expressive morphology and syntax. At one point, when looking at a book, the child points to a book character and says "Him no eat cookies." This is an example of:

- A. 4 words, 5 morphemes, personal pronoun + negative + verb + plural noun
- B. 4 words, 6 morphemes, modal + negative + verb + auxiliary
- C. 4 words, 4 morphemes, personal pronoun + copula + negative + noun
- D. 4 words, 5 morphemes, negative + personal pronoun + copula
- E. 4 words, 5 morphemes, personal pronoun + auxiliary + negative + plural noun

18. Which one of the following Piagetian stages, which includes object permanence, corresponds with the emergence of a normally developing child's first word?

- A. Preoperational
- B. Formal operations
- C. Sensorimotor
- D. Concrete operations
- E. None of the above

19. A fourth-grade child, Alex, has been referred to you for language testing by his teacher. His parents are concerned and upset with the teacher because they feel that Alex needs more help in reading and writing skills than he is receiving. They tell you that the math and science homework assignments are too difficult for him, and that they feel that the fourth-grade teacher is making unreasonable demands. You find out that Alex did not attend preschool, and even in kindergarten, the teacher wrote on his first trimester progress report that Alex "began school not knowing basic concepts; he didn't talk as much as the other children either." You will tell Alex's parents that:



- A. The teacher really is being unreasonable, and that in fourth grade, time should definitely be spent on developing foundational reading and writing skills.
  - B. Alex definitely has a language delay and needs therapy.
  - C. The teacher is making reasonable demands that are consistent with fourth-grade curriculum standards.
  - D. You would like to conduct an assessment of Alex's language skills in a variety of domains to see if he needs support services in oral and written language.
  - E. C, D
20. You are asked to assess Tina, a girl who has Down Syndrome. She is 4 years and 10 months old, and her parents tell you that they wish for her to begin kindergarten in the fall (it is July, and school begins in September). You assess Tina's receptive and expressive language skills, and find that she has an average MLU of 3.0 and an expressive vocabulary of 350 words. Tina sustains a topic of conversation about 20% of the time, and overregularizes past tense inflections. You tell Tina's parents that:
- A. Tina's overall language skills are very generally within normal limits for her age.
  - B. Though Tina's language skills are approximately 6 months delayed for her age, Tina will be able to participate in a regular kindergarten classroom.
  - C. Tina's language skills are generally commensurate with those of a 2- to 3-year-old child, and starting kindergarten in the fall would probably be difficult for her.
  - D. Tina's language skills are generally commensurate with those of a 1-year-old and, thus, Tina needs to be in a preschool setting with very young children.
  - E. Tina's skills are not like those of any normally developing child, but rather are deviant, and she needs to go to a special school for children with Down Syndrome.
21. You are asked to work with a 3 ½-year-old child whose language has been somewhat slow to develop. Matthew is the youngest of four children, and his parents tell you that his older siblings often talk for him. After assessing Matthew's language, you find that he consistently uses the following morphemes: present progressive *-ing*, prepositions *in* and *on*, and regular plural *-s*. Matthew's parents would like to enroll him for therapy because they want him to go to a local preschool, and they want him to "sound like the other kids and have good grammar." Which of the following morpheme would you begin with when Matthew starts therapy?
- A. Possessive *-s*
  - B. Irregular past tense verbs
  - C. Articles *the*, *a*, *an*
  - D. Contractible auxiliary
  - E. Regular past tense *-ed*
22. A first-grade teacher refers 6-year-old Mandy to you for an assessment. The teacher is concerned because Mandy has difficulties with rhyming words and sounding out words. The teacher tells you that "For example, if I say c-u-p; what word is that? Mandy is unable to say "cup."" Mandy also reportedly has problems with remembering what she hears. The teacher

tells you that "sometimes I have to give the children three or four directions, and I have to do it quickly because we have to go somewhere like an assembly. Mandy is the only one in my class who doesn't remember what I tell the kids to do." Based on this brief description, you suspect that Mandy might have difficulties in which of the following areas?

- A. Temporal auditory processing
- B. Divergent semantic production
- C. Phonological processing
- D. A, C
- E. A, B, C

23. A young child who says "down" when a cup of juice spills off of the dinner table is using the relation of:

- A. Action.
- B. Possession.
- C. Locative action.
- D. Attribution.
- E. Recurrence.

24. A child has been referred to you for assessment of his pragmatic skills. The chief complaint of adults and children whom he interacts with is that he frequently gives commands and sounds rude and bossy. His classroom teacher says she is "fed up with his bossiness" and peers do not include him in their games. His father tells you that the boy frequently says things like "Take me to Pizza Palace" or "Get me the *Spiderman 2* DVD." The father would like intervention to help his son say things like "I wonder if we could get a *Spiderman 2* DVD at the store?" instead of giving orders. In therapy, you know you will need to work on the boy's facility with:

- A. Passive sentence transformations.
- B. Cohesion.
- C. Narrative skills.
- D. Indirect requests.
- E. Didactic monologues.

25. A young child who often says things like "my doggy" or "her ball" is using the single word relation of:

- A. Recurrence.
- B. Possession.
- C. Location.
- D. Denial.
- E. Attribution.

26. You have been asked to assess the language skills of 6-year-old Tammieh, who has been referred by her classroom teacher. The teacher says that Tammieh "talks in these really short sentences. I don't know if she is just shy, or if there is more going on." The teacher is concerned because in first grade, she has worked on oral language skills daily with her class.

The end of the year is coming soon, and the teacher is concerned about how Tammieh will perform in second grade. You decide to conduct an informal language screening to decide whether or not you need to formally evaluate Tammieh's expressive language skills. You find that she uses many sentences such as "He has a ball" and "I like Pokemon." Tammieh uses few compound or complex sentences. You talk with her parents, and find that this performance is also typical at home. Your next step would be to:

- A. Tell the teacher and parents that Tammieh is within normal limits for her age, and that a formal language evaluation is unnecessary.
  - B. Inform the teacher and parents that Tammieh may have autistic-like tendencies and that she needs to be formally evaluated by a team of special educators.
  - C. Tell the teacher and parents that you will take a "wait and see" approach. If the second-grade teacher has concerns similar to those of the first-grade teacher, you will follow up with a formal evaluation of Tammieh's language skills.
  - D. Tell the teacher and parents that you would like to formally evaluate Tammieh's language skills because at 6 years of age, she should have an average MLU of 6.0-8.0, and her language should approximate the adult model.
  - E. Immediately place Tammieh into therapy based upon these screening results because she clearly has a language delay and you want to begin therapy immediately.
27. A clinician is working with parents on home language stimulation activities for their 3-year-old daughter Hannah, who is language delayed. Among other things, Hannah needs to increase her expressive language skills to a level more commensurate with her chronological age. Her mean length of utterance is restricted and her utterances are more typical of a young 2-year-old child. The clinician has recommended that at home, the parents use a technique in which they play with Hannah and describe and comment upon what she is doing and the objects she is interested in. For example, the parents might say, "You are making the car go fast" or "That pig is pink." The parents are using the technique of:
- A. Self-talk.
  - B. Expansion.
  - C. Expatiation.
  - D. Parallel talk.
  - E. Joint reference.
28. You are seeing a 6-year-old child, Tyler, with a language-learning disability. When you assess Tyler, you find that he has adequate language comprehension. He is able to follow directions, understand vocabulary, and comprehend sentences of appropriate length and complexity for his age. However, Tyler's teacher and parents report that he has "no friends" and that they are concerned about his social skills. When you observe Tyler several times on the school playground and in the classroom and the school cafeteria, you see that while he is well behaved and nondisruptive, he does not initiate interactions with others. Treatment should focus on:
- A. Increasing mean length of utterance.

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- A. Increasing mean length of utterance.

- B. Working on bound morphemes.
  - C. Increasing assertiveness in conversation.
  - D. Increasing sentence complexity.
  - E. Increasing narrative skills.
29. You are working with an adolescent, Alyssa, who has receptive and expressive language problems. She is getting D's in most of her classes at the junior high school and has few friends. In therapy, it would be best to focus on:
- A. Increasing Alyssa's auditory memory skills.
  - B. Increasing her use of complex sentences containing subordinate clauses.
  - C. Increasing her social use of language and collaborating with her classroom teachers.
  - D. Increasing her ability to understand and use figurative language.
  - E. Increasing her word-retrieval and word-definition skills.
30. A child who shows slow, writhing, involuntary movements has which type of cerebral palsy?
- A. Spastic
  - B. Mixed
  - C. Ataxic
  - D. Hemiplegic
  - E. Athetoid
31. Which one of the following is NOT TRUE?
- A. Standardized language tests have the advantage of providing clinicians with a means of quantifiably comparing a child's performance to the performance of large groups of children in a similar age category.
  - B. Another advantage of standardized language tests is that they sample behaviors adequately, providing multiple contexts for sampling target language behaviors.
  - C. Authentic assessment can involve both dynamic and portfolio assessments.
  - D. In language sampling, some clinicians calculate a type-token ratio, which represents the variety of different words a child uses expressively.
  - E. Clinicians are increasingly turning to informal, nonstandardized measures because many standardized tests are biased against linguistically and culturally diverse children.
32. You are assessing the expressive language skills of a 4-year-old with delayed language. One of the things he says is: "My birthday party was fun—we ate cake and cookies!"  
This would count as:
- A. 10 words, 10 morphemes
  - B. 10 words, 12 morphemes
  - C. 10 words, 9 morphemes
  - D. 10 words, 11 morphemes
  - E. 10 words, 8 morphemes
33. A child with traumatic brain injury would most likely manifest which of the following symptoms?

- A. Comprehension problems, word-retrieval problems, syntactic problems
- B. Reading and writing difficulties, difficulties with reasoning and organization
- C. Hypersensitivity to touch, insistence on routines, lack of interest in human voices, comprehension and word-retrieval problems
- D. A, B
- E. A, B, C

34. A 3<sup>rd</sup> grade teacher refers 8-year-old Allyson to you. The teacher is concerned because he feels that "Allyson's verbal expression skills just are not what they should be. When she talks, she speaks in real simple sentences. Sometimes I feel like I'm dealing with a kindergartner, not a third grader." When you speak with Allyson's parents, they share that "Allyson never was much of a talker. She talked late—later than her brothers and sisters. But Allyson was always real well behaved, and we never thought she had a problem." You decide that as part of your assessment of Allyson's language skills, you will gather and analyze a language sample using type-token ratio (TTR). When you eventually calculate TTR based on a language sample you gathered from Allyson, you find that her TTR is .31. You conclude that:

- A. Allyson is developing normally in the area of syntax.
- B. Allyson is delayed in the area of pragmatics.
- C. Allyson is low in her lexical skills, or the number of words she uses expressively.
- D. Allyson has receptive morphological problems.
- E. Allyson has receptive phonological problems.

35. Justin is a 7-year-old second-grade child who has been diagnosed with Asperger's syndrome. He has a record of language difficulties beginning when he was a toddler. Justin has just transferred to your school district, and speech-language services have been recommended for him. Justin's parents are anxious for him to begin therapy as soon as possible. You read over the file of reports written by personnel from Justin's previous school district, and meet with your school's Student Study Team (SST) to discuss Justin and recommend the best possible program for him in your school district. The report from the previous speech-language pathologist says, among other things, that Justin's language sample results showed that he had difficulty with forms such as -er (bigger) and -est (biggest). Problems with these forms reflect a difficulty in the area of:

- A. Morphology.
- B. Pragmatics.
- C. Literacy skills.
- D. Semantics.
- E. Phonology.

36. Because of his diagnosis of Asperger's syndrome, you can assume that Justin will probably have characteristics such as:

- A. Comprehension problems, word-retrieval problems, syntactic problems
- B. Reading and writing difficulties, difficulties with reasoning and organization
- C. Hypersensitivity to touch, insistence on routines, lack of interest in human voices, comprehension and word-retrieval problems
- D. A, B
- E. A, B, C

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- A. Morphology.
- B. Pragmatics.
- C. Literacy skills.
- D. Semantics.
- E. Phonology.

36. Because of his diagnosis of Asperger’s syndrome, you can assume that Justin will probably have characteristics such as:

- A. Generally below average (IQ 70 or below) intelligence, a lack of responsiveness to and awareness of other people, and stereotypic body movements such as constant rocking.
  - B. A preference for solitude and objects rather than people, a lack of interest in nonverbal and verbal communication, and insistence on routines.
  - C. Seemingly excellent vocabulary, seemingly normal syntactic skills, and speech which often seems to be a "monologue" where Justin does not allow his conversational partner to take turns.
  - D. An IQ of 70 or below, speech characterized by monologues, and head banging.
  - E. A strong dislike of change, a dislike of being touched or held, and "monologic" speech where Justin disregards the listener's need for conversational turns.
37. You are working as a clinician in a private clinic. A father brings his son Johnny, age 4 ½ years old, for an evaluation. According to his father, Johnny is "hard to understand and sometimes the kids at preschool make fun of him." The pediatrician has told Johnny's father that Johnny will "outgrow this speech problem on his own," but his father wants to make sure that this is correct. Johnny will be starting kindergarten in 6 months, when he turns 5 years of age, and his father wants to be sure that Johnny speaks as intelligibly as possible so that he will not be teased in elementary school. When you evaluate Johnny, you find he has θ/s, t/f, w/r, d/ð, and j/l substitutions. You decide to place him in therapy. You would begin therapy by addressing:
- A. θ/s substitution.
  - B. t/f substitution.
  - C. w/r substitution.
  - D. d/ð substitution.
  - E. j/l substitution.
38. In Oller's stages of infant development, reduplicated babbling precedes:
- A. Nonreduplicated or variegated babbling.
  - B. Expansion.
  - C. Cooing.
  - D. Phonation.
  - E. Reduplicated expansion.
39. A clinician evaluates the speech of a 5-year-old child with a phonological delay. The child is not intelligible to her kindergarten teacher or her peers, and is placed into therapy to improve her intelligibility. Assuming that this child uses the phonological process of consonant-cluster reduction, which of the following is the word you would most likely put on a word list used for treatment?
- A. Bus
  - B. Stopped
  - C. Horse
  - D. Lassie
  - E. Shoes



40. The therapy technique of *phonetic placement* is used to teach or establish:
- A. Auditory discrimination.
  - B. Stimulability.
  - C. Production of a phoneme in isolation.
  - D. Minimal pair contrasts.
  - E. Phonological processes.
41. A speech-language pathologist's role in tongue thrust or oral myofacial therapy may include:
- A. None; SLPs do not work with those students
  - B. Working as a team member with a dentist, orthodontist, and physician.
  - C. Evaluating and treating the effects of OMD on swallowing, rest postures, and speech.
  - D. A only
  - E. B and C
42. A child comes to you for an evaluation. According to her mother, Sharma has a history of middle-ear infections. Sharma's mother reports that Sharma is quite difficult to understand. For example, according to her mother, Sharma says things like gʌk/dʌk and kou /tou. This child is manifesting the phonological process of:
- A. Fronting.
  - B. Stridency deletion.
  - C. Backing.
  - D. Glottal replacement.
  - E. Progressive assimilation.
43. A child is referred to you by his preschool teacher. This child, Damien, is 4 years 3 months and has transferred from out of state. In his previous state, Damien was reportedly assessed by a speech-language pathologist who recommended that Damien receive intervention before kindergarten. According to the report from the previous clinician, Damien uses the phonological processes of gliding, consonant cluster reduction, stopping, reduplication, and final consonant deletion. Your assessment confirms the presence of these phonological processes. You would begin treatment by addressing:
- A. Final-consonant deletion.
  - B. Gliding.
  - C. Consonant-cluster reduction.
  - D. Reduplication.
  - E. Stopping.
44. Which of the following is/are TRUE with regard to treatment of articulatory-phonological disorders?

- A. The distinctive features approach is used to find a child's underlying patterns (e.g., problems with the feature of nasality) and train one or several sounds in that pattern in hopes that generalization to other sounds in that pattern will occur.
- B. Hodson and Paden's cycles approach involves treating children with phonological disorders in cycles in which the child is trained to a criterion of mastery for error patterns such as final-consonant deletion and fronting.
- C. In Elbert and Geirut's phonological knowledge approach, the least knowledge method trains treatment targets that contain many new features that the child is missing.
- D. A, B, C
- E. A, C

45. A 5-year-old child, Crystal S., is brought to you for an evaluation of her speech. The family speaks only English in the home. According to Crystal's mother, Crystal "loves to talk but most people have trouble understanding her." As you play with Crystal informally, you estimate that she is approximately 50-60% intelligible. You conduct an oral peripheral evaluation, which reveals that Crystal does not have any anatomical or physiological anomalies that would explain why she is so unintelligible. You also conduct in-depth assessment in other areas to determine the nature of Crystal's unintelligibility and to determine therapy goals.

You discover through your assessment that there are some sounds that Crystal consistently misarticulates. For example, she usually makes a t/k substitution (e.g., tea/key). You want to know if Crystal can produce /k/ in isolation. You show her how to produce /k/ by giving her a model and tell her "watch me make the /k/ sound. Then do it just like I did." When you are doing this, you are assessing Crystal's:

- A. Phonological knowledge.
- B. Receptive phonology skills.
- C. Overall intelligibility.
- D. Stimulability.
- E. Diadochokinetic skills.

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You find that Crystal uses a number of phonological processes. One of those processes is stopping. You know this when you hear Crystal make such substitutions as:

- A. Bae/bath
- B. Tu/shoe
- C. Ruz/rush
- D. Naked/snake
- E. Tuhree/three

47. Research on the prevalence of stuttering has shown that:

- A. Familial incidence is higher than in the general population.
- B. Sons of stuttering mothers run a greater risk than sons of stuttering fathers.
- C. Blood relatives of a stuttering woman run a greater risk of stuttering themselves than those of a stuttering man.
- D. All of the above.
- E. A, C

48. Stuttering in preschool children is more likely on:

- A. Content words.
- B. Function words.
- C. Final words in a sentence.
- D. Vowels.
- E. Consonant clusters.

49. Facts about stuttering adaptation include:

- A. The greatest reduction in stuttering occurs only on the seventh reading.
- B. There is transfer from one passage to the other.
- C. Most of the reduction in stuttering occurs by the fifth reading.
- D. A higher magnitude of adaptation occurs with an increased time interval between readings.
- E. Most people who stutter do not show the adaptation effect.

50. Bloodstein believes that stuttering may be caused by:

- A. Any belief that speech is a difficult task, resulting in tension and speech fragmentation.
- B. Parental diagnosis of stuttering in normally fluent children.
- C. Demands exceeding a child's capacity for fluency.
- D. An approach avoidance conflict.
- E. An emotionally traumatic experience in childhood.

51. The fluent-stuttering treatment:

- A. Aims for reduced abnormality of stuttering.
- B. Aims for normally fluent speech.
- C. Was developed by Van Riper.
- D. All of the above.
- E. A, C

52. Cancellations, pull-outs, and preparatory sets are taught in:

- A. The fluent-stuttering approach.

- B. The fluency-shaping approach.
  - C. Approach-avoidance reduction treatment.
  - D. None of the above.
  - E. All of the above.
53. Such skills as airflow management, gentle phonatory onset, and reduced rate of speech are targets in:
- A. The fluent-stuttering technique.
  - B. The fluency-shaping technique.
  - C. Counseling to reduce psychological conflicts.
  - D. All of the above.
  - E. B, C
54. A mother calls a clinician and shares concerns about her child's speech. According to the mother, her daughter, Rachel, is difficult to understand. The mother describes Rachel's speech as "sort of rushed, and she kind of stutters sometimes." When the clinician tests Rachel, he concludes that Rachel is a clutterer. Based upon this diagnosis, one would expect to see that Rachel:
- A. Is probably secretly very anxious about her speech and has a rapid rate of speech, but is intelligible.
  - B. Is dysfluent but has clear articulation and no spoonerisms.
  - C. Has excellent language skills and is not anxious about her speech, and is highly dysfluent with no articulation problems.
  - D. Has a lack of anxiety or concern about her speech, uses spoonerisms, and has rapid, disordered articulation resulting in unintelligible speech.
  - E. Has disorganized thought and language, little dysfluency, and poor intelligibility.
55. When the speech-language pathologist provides treatment for Rachel to help her become more intelligible, which techniques would probably be ideal for her?
- A. Reducing Rachel's rate of speech, and increasing her awareness of her speech through audiotapes or videotapes.
  - B. Reducing Rachel's rate of speech, but not increasing her awareness of her speech through audiotapes or videotapes because this could create self-consciousness, which could make the cluttering worse.
  - C. Helping Rachel maintain a rapid rate of speech, but working on increasing her intelligibility through emphasizing the final consonants of words.
  - D. Probing to see if Rachel has negative emotions (that her mother is unaware of) about her speech and spending most of therapy time helping Rachel deal with these emotions.
  - E. Helping Rachel learn to use cancellations, pullouts, and easy onset of phonation.
56. The theory that stuttering is caused by lack of a unilateral dominant hemisphere is the:
- A. Stuttering as psychoneurosis theory.

- B. The fluency-shaping approach.
  - C. Approach-avoidance reduction treatment.
  - D. None of the above.
  - E. All of the above.
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- A. Stuttering as psychoneurosis theory.

- B. Approach-avoidance theory.
  - C. Diagnosogenic theory.
  - D. Hemispheric domination theory.
  - E. Cerebral dominance theory.
57. A researcher wants to study the occurrence of stuttering in a given city. She wants to know how many adults and children in Middletown city have officially been diagnosed as stutterers. The researcher does not necessarily want to give a predictive statement; rather, she just wants to know the number of individuals in Middletown who stutter. The researcher wants to study the \_\_\_\_\_ of stuttering.
- A. Incidence
  - B. Prevalence
  - C. Current sample
  - D. Population statistics
  - E. None of the above
58. A 5-year-old, Marcus, has been identified as needing treatment because he is a true stutterer. His parents share that he has been stuttering since he was 3 years old, and the stuttering has become worse. Now children tease him, and Marcus's parents are concerned that as he enters kindergarten, the teasing will become worse. The clinician decides to use the direct stuttering reduction method with Marcus. This method will involve which techniques?
- A. Delayed auditory feedback, response cost, and slowed speech
  - B. Masking, response cost, and time-out
  - C. Response cost and time-out
  - D. Reduced rate of speech, airflow management, and GILCU
  - E. Syllable prolongation, easy onset of phonation, and response cost
59. A 32-year-old man, Frank G., wants to go to law school. He is very bright, but has been working in minimum-wage jobs where he does not have to do much talking. Frank shares that he has passed the entrance examination to get into law school, but he is afraid to enroll in classes. He feels frustrated by his dilemma, and shares that he is experiencing a great deal of anxiety about his situation. The clinician decides to use the stutter-more-fluently approach. This would involve:
- A. Not discussing Frank's feelings and attitudes, but rather teaching and establishing skills such as airflow management, reduced rate, and easy onset of phonation.
  - B. Encouraging Frank to discuss his feelings and attitudes about his stuttering, desensitizing Frank to his stuttering, and using procedures such as time out and response cost.
  - C. Using DAF, making, and procedures such as time-out and response cost.
  - D. Using time-out, response cost, DAF, and allowing Frank to discuss his feelings and attitudes toward his stuttering.

- E. Allowing Frank to discuss his feelings and attitudes toward his situation, desensitizing Frank to his stuttering, and helping Frank to modify his stuttering through the use of such techniques as cancellations and pullouts.
60. Sometimes specialists assess the lung volume of voice patients because breath support is inadequate. Specialists can measure \_\_\_\_\_, or the total volume of air in the lungs; other measurements can include \_\_\_\_\_, or the amount of air inhaled and exhaled during a normal breathing cycle, and \_\_\_\_\_, or the volume of air that the patient can exhale after a maximal exhalation.
- Total lung capacity, tidal volume, vital capacity
  - Vital capacity, tidal capacity, total lung volume
  - Vital capacity, total lung capacity, tidal volume
  - Tidal volume, total lung capacity, vital volume
  - Vital capacity, total lung volume, tidal volume
61. The cranial nerve primarily responsible for innervating the larynx is:
- Nerve V
  - Nerve X
  - Nerve XI
  - Nerve VI
  - Nerve IV
62. A 67-year-old man comes to you for a voice evaluation. He was referred by his primary care doctor. He states that his voice has been getting "weaker" for the last 5-6 months. Upon oral peripheral examination, you find that he has fasciculations (tremors) of the tongue and some general facial weakness. The first thing you would do is:
- Refer him to a psychologist for an evaluation.
  - Take detailed notes and tell him to come back in 6 months.
  - Begin voice therapy, focusing on strengthening exercises.
  - Refer him to a pulmonary specialist.
  - Refer him to a neurologist for an evaluation.
63. Vivian B., a 72-year-old woman, has just had surgery for laryngeal cancer. The clinician is trying to support Vivian in many ways, including asking several laryngectomy patients from a local support group to come and talk with Vivian about her options for speech. The support group members strongly recommend the Blom-Singer prosthetic device. They explain that the Blom-Singer device is used by larygectomees to:
- Clean the surgically created fistula.
  - Shunt air from the esophagus to the trachea so that the salpingopharyngeus muscle will vibrate during inhalation.
  - Assist in the development of competent esophageal speech.
  - Prevent particles of food from entering the trachea.
  - Shunt the air from the trachea to the esophagus so that the patient can speak on pulmonary air entering the esophagus.

64. The cover-body theory of phonation states that:
- A. The epithelium, the superficial layer of the lamina propria, and much of the intermediate layer of the lamina propria vibrate as a "cover" on a relatively stationary "body," which is made up of the remainder of the intermediate layer, the deep layer, and the TA muscle.
  - B. The epithelium, the deep layer of the lamina propria, and much of the superficial layer of the lamina propria vibrate as a "cover" on relatively stationary "body," which is made up of the remainder of the superficial layer, the deep layer, and the TA muscle.
  - C. The superficial layer of the lamina propria and much of the intermediate layer of the lamina propria vibrate as a "cover" on a relatively stationary "body," which is made up of the remainder of the intermediate layer, the deep layer, and the TA muscle.
  - D. The epithelium and much of the intermediate layer of the lamina propria vibrate as a "cover" on a relatively stationary "body," which is made up of the remainder of the intermediate layer and the TA muscle.
  - E. The epithelium, the superficial layer of the lamina propria and much of the intermediate layer of the lamina propria vibrate as a "cover" on a relatively stationary "body," which is made up of the remainder of the intermediate layer and the deep layer.
65. A clinician in a hospital setting is asked to evaluate a 64-year-old patient who appears to have dementia. The referring physician wishes to have a specific diagnosis, and the clinician is asked to gather detailed case history information as well as to conduct a thorough assessment of the patient. In gathering the case history from the patient's adult daughter, the clinician finds out that the patient began drinking alcohol as a 15-year-old and has been a heavy drinker since that time. A detailed evaluation shows that the patient presents with memory problems, difficulty processing abstract information, and visual-spatial deficits. This patient most likely has:
- A. Dementia of the Alzheimer's type.
  - B. Parkinson's disease.
  - C. Wernicke-Korsakoff Syndrome.
  - D. Aphasia.
  - E. Ataxic dysarthria.
66. Conduction aphasia is caused by lesions:
- A. Between the areas supplied by the middle cerebral arteries and the anterior and posterior arteries.
  - B. In the region between Broca's area and Wernicke's area, especially in the supramarginal gyrus and the arcuate fasciculus.
  - C. In Brodmann's areas 44 and 45 in the posterior-inferior gyrus of the left hemisphere.



- D. In the angular gyrus, the second temporal gyrus, and the juncture of the temporo-parietal lobe.
  - E. In the basal ganglia and the thalamus.
67. Among the following standardized tests of aphasia, the one that samples speech and language skills to only a limited extent is:
- A. The Neurosensory Center Comprehensive Examination for Aphasia.
  - B. The Porch Index of Communicative Ability.
  - C. The Boston Diagnostic Aphasia Examination.
  - D. The Western Aphasia Battery.
  - E. The Functional Living Assessment.
68. A hospital-based clinician receives a referral of a woman, Fran K., who is 76 years old. An active grandmother of six grandchildren, Fran enjoys walking, swimming, driving her grandchildren to various activities (e.g., soccer practice), and participating in her local church where she sings in the choir and attends weekly Bible study. When Fran comes for her initial interview, she tells the clinician that she has had to stop her daily walks with her dog because when she walks, she is slow to begin, then takes short, rapid, shuffling steps. She shares that her writing has become smaller, and that her friends and family say that she is “expressionless” these days. The clinician notes decreased intelligibility also.
- Fran probably has:
- A. Right hemisphere syndrome.
  - B. Unilateral upper motor neuron dysarthria.
  - C. Broca’s aphasia.
  - D. Alzheimer’s dementia.
  - E. Parkinson’s disease.
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Based on your diagnosis, you would expect Fran’s speech and language to be characterized by:

- A. Fluency problems, including silent pauses as well as repetitions because of false starts and attempts at self-correction.
- B. Quality and rate that are “drunken” and slow, with excessive and even stress.
- C. Incoherent, slurred, and rapid speech accompanied by metathetic errors.
- D. Monopitch, a harsh and breathy voice, short rushes of speech, imprecise consonants, and respiratory problems.
- E. Problems in volitional or spontaneous sequencing of movements required for speech with relatively unaffected automatic speech.

70. Functional communication tests seek to assess:
- A. Communication in natural or everyday situations.
  - B. Grammatically correct communication.
  - C. Comprehension of both daily and academic vocabulary necessary for effective functioning in the "real world."
  - D. Syntactically correct communication.
  - E. Communication in formal settings (e.g., speaking in front of a group).
71. Apraxia of speech is often associated with:
- A. Lesions in Broca's area.
  - B. Lesions in Wernicke's area.
  - C. Lesions in subcortical structures.
  - D. Lesions in the occipital area.
  - E. Lesions in the cerebellum.
72. Dysarthria is:
- A. A speech disorder in the absence of muscle weakness or paralysis.
  - B. A speech disorder never associated with aphasia.
  - C. A single disorder with a unitary etiology.
  - D. A speech disorder associated with muscle weakness or paralysis.
  - E. A speech disorder characterized by groping, effortful speech.
73. Of the following, the one associated with dysarthria is:
- A. Even and consistent breakdowns in articulation
  - B. Impaired syntactic structures
  - C. Forced inspirations and expirations that interrupt speech
  - D. An invariably slower rate of speech
  - E. An increased rate of speech under pressure
74. A clinician in a skilled nursing facility (SNF) receives a note that a new 80-year-old patient, Dick C., has been transferred to her facility. The note states that Dick was assessed by the clinician in the previous SNF, but there is no diagnosis in the papers that have been sent from the previous clinician. However, the previous clinician reported that Dick manifested the following symptoms: general awareness of his speech problems, significant articulation problem; problems with volitional speech with relatively intact automatic speech; more difficulty with consonants than vowels; intonation and fluency problems; and trial-and-error groping and struggling associated with speech attempts. Therapy was recommended. Dick C. most likely has:
- A. Hyperkinetic dysarthria.
  - B. Unilateral upper motor neuron dysarthria.
  - C. Right hemisphere syndrome.
  - D. Apraxia of speech.
  - E. Dementia of the Alzheimer's type (DAT).
75. Lucien N., a 22-year-old male, is hospitalized after sustaining traumatic brain injury from a motor vehicle accident. There is no injury to the cerebellum, brain stem, or peripheral nerves. When assessing Lucien, the clinician might expect to find:
- A. Dysarthria, confused language (e.g., confabulation), auditory comprehension problems, confrontation naming problems, perseveration of verbal responses, pragmatic language problems, and reading and writing difficulties.

- B. Dysarthria, confused language (e.g., confabulation), auditory comprehension problems, no confrontation naming problems, and agrammatic or telegraphic speech.
  - C. Confrontation naming problems, perseveration of verbal responses, pragmatic language problems, intact reading and writing skills, and echolalia.
  - D. Severely impaired fluency, severe echolalia, and agrammatic and telegraphic speech, intact auditory comprehension skills.
  - E. Good syntax, prosody, and articulation; no naming problems; intact auditory comprehension skills; confabulation and circumlocution when speaking.
76. A hospital-based clinician receives a referral of Mary G., a 71-year-old woman. Her family is concerned about her; Mary's 35-year-old son says: "Mom just isn't herself anymore; we don't know what's wrong or what to do. We don't know if she had a stroke or what's going on." After talking with Mary in the initial interview, the clinician realizes that he will have to assess Mary in depth to evaluate whether she has aphasia or DAT (dementia of the Alzheimer's type). If Mary has DAT, which of the following symptoms will she show?
- A. Normal syntax except for word-finding problems; good auditory comprehension of spoken language; slurred and rapid speech; disorientation to time and place; visuospatial problems; difficulty with self-care and daily routines; intact repetition skills
  - B. Visuospatial problems; widespread intellectual deterioration; intact picture description ability; slow but coherent speech; reading and writing problems; disorientation to time and place
  - C. Severe problems in recalling remote and recent events; relatively intact syntactic skills; appropriate humor and laughter; disorientation to time and place; intact ability to initiate interactions
  - D. Severely impaired fluency; severe echolalia; agrammatic and telegraphic speech; intact auditory comprehension skills; no difficulty with self-care or managing daily routines
  - E. Poor judgment; impaired reasoning; disorientation in new places; widespread intellectual deterioration; empty speech; jargon; incoherent, slurred, and rapid speech; problems in comprehending abstract messages
77. A 54-year-old pastor, Rev. Johnson, has a stroke and takes a leave of absence from his job while he recovers. After a 3-4 month period, he tells his doctor that he feels well enough to go back to work. When Rev. Johnson begins his job again, he goes back to his usual duties: preaching sermons on Sunday morning, teaching Bible study, visiting church members who are sick. Rev. Johnson says that he is "100% back"; however, his parishioners and family notice some subtle problems. For example, he tends to bump into people who walk on his left; when he writes, he does not use the left side of the page. He does not recognize parishioners whom he has known for 30 or more years until they begin to speak. When people tell jokes, Rev. Johnson does not laugh or appear to understand the jokes as he used to. He does not detect sarcasm in other people's speech. Rev. Johnson probably has:
- A. Dementia.
  - B. Wernicke's-Korsakoff syndrome.
  - C. Right hemisphere syndrome.
  - D. Apraxia of speech.
  - E. Parkinson's disease.

78. A clinician is asked to give a workshop to graduate students about evaluation of patients with swallowing disorders. She discusses evaluation in depth. Which one of the following facts in the clinician's workshop would NOT be *accurate*?
- A. An ultrasound examination can measure oral tongue movement and hyoid movement.
  - B. A manometric assessment can assess the preparatory phase of the swallow using posterior and lateral plane examinations.
  - C. An electromyographic assessment can be conducted by attaching electrodes on structures of interest (e.g., oral, laryngeal, or pharyngeal muscles).
  - D. A laryngeal examination can be conducted with indirect laryngoscopy or endoscopic examination to inspect the base of the tongue, vallecular, epiglottis, pyriform sinuses, vocal folds, and ventricular folds.
  - E. A videofluorographic assessment (modified barium swallow) can be conducted to evaluate oropharyngeal swallow involving lateral and anterior-posterior (A-P) examinations.
79. Thin liquids may be most appropriate for a person diagnosed with:
- A. Cerebral Palsy
  - B. Parkinson's disease
  - C. ALS
  - D. CVA
80. Xu Fang is a 7-year-old girl in an all-English-speaking second-grade classroom. Xu's parents immigrated from mainland China 8 years ago; Xu was born in the United States. She came to an all-English kindergarten speaking only Mandarin; kindergarten was her first exposure to English on a regular basis. Xu had no prior preschool experience in either Mandarin or English. The second-grade teacher has referred Xu for a speech-language evaluation because he says that although she interacts well with her English-speaking classmates on the playground, she is "behind" her classmates in written language skills (e.g., spelling, reading). Based on Xu's background, you can state that:
- A. Because basic interpersonal communication skills (BICS) take approximately 2 years to develop to a native-like level, Xu is developing on an appropriate time line.
  - B. Because cognitive-academic language proficiency (CALP) takes approximately 5-7 years to develop to a native-like level, it can be expected that Xu will lag somewhat behind English-speaking peers in written language skills.
  - C. Because Xu has been in an all-English-speaking classroom setting for at least 2 years, her written language skills should be more developed than they are. Her difficulties are a red flag, and a speech-language assessment should be conducted.
  - D. A, C
  - E. A, B
81. Consuela is a Mexican-American Spanish-speaking 6-year-old girl who is in the process of learning English. Her parents immigrated from Mexico three years ago; thus, Consuela was exposed first to Spanish at home and was exposed to English in kindergarten at the age of 5 years and 3 months of age. Consuela's mother tells you that during the summer before kindergarten, Consuela attended an English-speaking preschool. The classroom teacher shares that she thinks Consuela may have an articulation disorder, but the teacher is not sure.

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The teacher provides you with some examples of things that Consuela has said in the past two to three weeks. As you look at these examples, which one of the following would NOT be typical for her in terms of predictable productions based on Spanish influence?

- A. t/th substitutions in word-initial positions (e.g., tin/thin)
- B. devoicing of final consonants (e.g., beece/bees)
- C. v/f substitutions in word-initial and word-final positions (e.g., vine/fine; roove/roof)
- D. y/j substitutions (e.g., yava/java)
- E. insertion of the schwa before word-initial s-clusters (e.g., esleep/sleep)

82. Which of the following is/are predictable productions for speakers of Asian languages?

- A. "He be going to bed now."
- B. "I see cat the little."
- C. Yesterday she cook a pot of soup."
- D. A, B
- E. B, C

83. A 74-year-old bilingual Asian gentleman has had a stroke, and you are seeing him for therapy. He is recovering both his primary language and his English skills, but you are working only in English. There are no interpreters available, unfortunately, and the family has indicated that they would prefer treatment to be conducted in English anyway since many of the patient's grandchildren speak English fluently. Which of the following productions would be example, on the patient's part, of English influenced by his primary language and not the stroke?

- A. "They coming over here now."
- B. "I done got to eat breakfast now."
- C. "She have no dollar in her purse."
- D. A, B, C
- E. A, C

84. Which one of the following is NOT TRUE according to the Individuals with Disabilities Education Act?

- A. Testing must be administered in a way that is not radically or culturally discriminatory.
- B. Testing and evaluation materials must always be provided and administered in the child's primary language.
- C. Testing must be administered to a bilingual child so as to reflect accurately the child's ability in the area tested, rather than reflecting limited English-language skill.
- D. Mandatory consent in the primary language is required.
- E. Multicultural education is to be considered in guaranteeing equal educational opportunities for minorities with disabilities.

85. A teacher has referred a third-grade boy to you for a speech-language assessment. She is concerned because she feels that he is academically "behind his peers." He and his family are Cambodian refugees, and they have been in the United States for eight months. Because

the boy has been in refugee camps most of his life, his schooling in Cambodia was quite limited. His parents tell you that they estimate that he has had approximately 1.5 years of schooling in Cambodia. The teacher is concerned that the boy may have an underlying language-learning disability, and she wonders if he is eligible for speech-language services.

What would be the best combination of assessment techniques to use with him?

- A. Dynamic assessment, language samples in Cambodian, and observations of his interaction with family members and other Cambodian children
- B. Use of the *Peabody Picture Vocabulary Test—Revised* and *Test of Language Development—P-3* translated into Cambodian, dynamic assessment, and language samples in Cambodian
- C. Use of district-developed test for Cambodian students in your geographic area and administration of questionnaires to the boy's teachers and family
- D. Use of school records of the boy's achievement and performance so far in the English-speaking classroom and use of the *Language Processing Test* translated into Cambodian by an interpreter
- E. Use of formal, standardized tests in English combined with observations of the boy's interactions, in Cambodian with peers and family members

86. A monolingual English-speaking speech-language pathologist is working in a Head Start in a city with many CLD children. In the last year, CLD children from over 15 different cultural and linguistic groups have come to the Head Start speaking only their primary languages.

The ideal plan for dealing with the needs of these children is to:

- A. Encourage them not to speak their primary languages and to speak English as much and as quickly as possible.
- B. Tolerate the children's use of their primary languages and speak to them solely in English, hoping that they will eventually "pick up" English and discontinue using their primary languages.
- C. Hire bilingual aides from their neighboring communities and use them to help the children maintain their primary languages and learn English also.
- D. Hire aides who only speak the children's primary languages and not English so that they children will be in the ideal situation to maintain their primary languages.
- E. Assume that these children probably have language-learning disabilities in their primary language and hire bilingual speech-language pathologists to assist in remediation.

87. A teacher refers Jose E. to you for a speech-language evaluation. Jose, a Puerto Rican American second grader who speaks both Spanish and English with equal fluency, transferred to your school district three months ago from another district in your state. In his previous district, Jose was in a bilingual classroom where his primary language of Spanish was maintained and he was exposed to English also. According to Jose's report card from the previous district, "Jose does well speaking both Spanish and English. I [the teacher] think he is beginning to show a preference for English. Jose is performing adequately in all

academic areas.” The second-grade teacher at your school, who teaches only in English, feels that after three months in her classroom, “Jose is catching on slowly. I wonder if he needs special education.” Your best course of action would be to:

- A. ask Jose’s parents to sign a permission form so that he may be assessed immediately in English using only English tests since English is apparently beginning to be Jose’s preferred language.
  - B. Use a variety of English screening instruments to screen Jose’s English ability because these instruments are ecologically valid for Jose.
  - C. Do nothing at the present time and tell the teacher that you will wait for six months to see how Jose progresses in her classroom.
  - D. Use a dynamic assessment model to evaluate Jose’s language-learning ability and combine this with classroom observations over the next two to three months to evaluate his progress.
  - E. Ask the district to send you a bilingual Spanish-speaking speech-language pathologist who can evaluate Jose because you are sure that he has a language disorder.
88. Mr. Nehru is a gentleman from India who has had a stroke and now has aphasia. His family reports that before the stroke, he spoke both Hindi and English fluently. In planning for therapy, you as a monolingual English-speaking speech-language pathologist think about the possibility of incorporating work on English idioms. Which of the following do you need to consider in terms of whether or not to make comprehension and expression of English idioms a treatment goal?
- A. Mr. Nehru’s oral and written abilities in both English and Hindi
  - B. Your own interest in English idioms and whether or not you consider them important in therapy for a stroke patient
  - C. Whether Mr. Nehru will return to his work setting, where his colleagues speak English, or whether he will now spend all his time at home, where his family speaks primarily Hindi
  - D. A, B, C
  - E. A, C
89. A speech-language pathologist is new in a district that has a preponderance of CLD students. He finds that when he assesses the communication skills of these students, he will need to mostly work with interpreters because speech-language pathologists who speak the students’ languages (e.g., Ukrainian, Tagalog, Farsi, Urdu, Ibo) are not available. What will this speech-language pathologist have to remember NOT to do when working with an interpreter in an assessment situation?
- A. avoid giving the interpreter information about the student before the assessment session, because this might bias the interpreter in a negative or positive direction about the student’s abilities
  - B. show the interpreter how to use the assessment instruments and make sure the interpreter is comfortable with using them



- C. supervise the interpreter during the assessment session and watch for possible inappropriate behaviors such as prompting the student or giving too many clues
  - D. ask the interpreter to write down all behaviors observed, even if these behaviors appear extraneous to the immediate task
  - E. ensure that the interpreter does not overprotect the student by hiding the extent of the student's limitations (if they exist)
90. A 51-year-old woman comes to an audiologist and states that she feels like she is losing her hearing in her left ear. The woman says that she generally feels healthy, but has noticed that she now uses her right ear exclusively when talking on the telephone. She states: "Sometimes the left side of her face tingles. It doesn't bother me much, but I do notice it sometimes." She also reports that she feels slight dizziness and has notice mild balance problems. For example, when she is on an escalator, she has to "hang on more." She says that "sometimes my left ear rings." Her preliminary audiological results show that she normal ability to detect pure tones, and that she has normal speech recognition in a quiet room. The more probable diagnosis of this woman's problem is:
- A. central auditory processing disorder.
  - B. Meniere's disease.
  - C. Acoustic neuroma.
  - D. Otosclerosis.
  - E. Presbycusis.
91. A person with otosclerosis often has an audiogram reflecting *Carhart's notch*. Carhart's notch is:
- A. a specific type of sensorineural hearing loss characterized by a "dip" at 1,000 Hz
  - B. a specific loss at 4,000 Hz as indicated by both air- and bone-conduction testing.
  - C. Specific losses at both 2,000 and 4,000 Hz as indicated by bone-conduction testing.
  - D. A specific loss at 2,000 Hz as indicated by bone-conduction testing.
  - E. A specific loss at 2,000 Hz as indicated by air-conduction testing.
92. Key parts of the auditory nervous system include cranial nerve VIII, which has two branches: the \_\_\_\_\_ branch and the \_\_\_\_\_ branch, which carries the electrical sound impulses from the cochlea to the brain.
- A. retrocochlear, vestibular
  - B. vestibular, auditory-acoustic
  - C. auditory-acoustic, retrocochlear
  - D. cochlear, auditory-acoustic
  - E. retrocochlear, auditory
93. Sensorineural hearing loss can be caused by many things. \_\_\_\_\_, a hearing impairment in older people, results in a sloping, high-frequency loss. \_\_\_\_\_ which also causes sensorineural hearing loss, is accompanied by vertigo and tinnitus.
- A. Presbycusis, Meniere's disease
  - B. Meniere's disease, otosclerosis

- C. Presbycusis, otosclerosis
  - D. Central auditory processing disorder, presbycusis
  - E. Otosclerosis, presbycusis
94. A 65-year old man with presbycusis comes to you complaining that when he is in social situations such as parties, people don't speak loudly enough. He says that the noise creates a problem for him in hearing what people are saying. This client has difficulty with:
- A. signal-to-noise ratio.
  - B. Auditory discrimination.
  - C. Figure-ground discrimination.
  - D. Pragmatic skills.
  - E. Auditory memory.
95. Which one of the following is a homophenous pair?
- A. *sheep-beep*
  - B. *man-ban*
  - C. *pan-fan*
  - D. *honey-money*
  - E. *list-gist*
96. The muscle that exerts the pull that allows the Eustachian tube to open during yawning and swallowing is the:
- A. tensor palatini.
  - B. Levator palatini.
  - C. Tensor tympani.
  - D. Stapedius muscle.
  - E. Levator veli palatini.
97. An infant with cleft palate will most likely have hearing problems because of:
- A. aural atresia.
  - B. An incompletely formed cochlea.
  - C. Eustachian tube dysfunction.
  - D. Malformed ossicles.
  - E. Tympanic membrane dysfunction.
98. A sensorineural hearing loss is related to damage to which area?
- A. the external auditory meatus
  - B. the vestibular system
  - C. the tympanic membrane
  - D. hair cells of the cochlea
  - E. the ossicular chain
99. Speech reception thresholds (SRTs) are:
- A. determined by the patient's response to a list of monosyllabic words presented at a low level of hearing.

- B. Determined by looking at the patient's pure-tone test results at the frequencies most important to speech.
  - C. The lowest level of hearing at which a person can understand 100% of the words presented.
  - D. The lowest level of hearing at which a person can understand 50% of the words presented.
  - E. The highest level of hearing at which a person can understand 50% of the words presented.
100. Popular forms of amplification today include hearing aids and cochlear implants. Which one of the following is NOT TRUE about these devices?
- A. Cochlear implants may be used with children and also some adults who have sensorineural hearing loss.
  - B. Digital hearing aids provide a better signal-to-noise ratio than analog aids.
  - C. Cochlear implants can help prelingual children to make substantial progress through maximizing their potential.
  - D. A consideration in fitting clients with hearing aids is whether the clients are motivated to use and properly care for the aids.
  - E. Cochlear implants deliver amplified sound to the ear canal, while hearing aids deliver electrical impulses (converted from sound) directly to the auditory system.
101. A father comes to you regarding his daughter, who is 8 months old. When the baby was 4 months old, he and his wife noticed that she did not respond to noise. Even when the dog barked loudly or the TV was turned on, the baby did not respond. They took her to an audiologist, and found out that the baby had a bilateral hearing loss and that she was profoundly deaf. The father states that he wishes for his daughter, as she grows older, to "fit in with children with normal hearing." He is interested in any possible amplification and says that he wants his daughter to lead a life that is "as normal as possible." Which training approach would best fit this father's wishes?
- A. total communication
  - B. aural/oral method
  - C. manual approach
  - D. Rochester method
  - E. Intensive training in American Sign Language and fingerspelling
102. Which of the following are likely to characterize the speech and language of people who are deaf?
- I. Omission of /s/ in almost all positions of words
  - II. Consonant cluster reduction
  - III. Occasional irrelevance of speech, including non sequiturs
  - IV. Improper stress patterns, including excessive pitch inflections
  - V. A voice that sounds strained and strangled

- A. I, II, III, IV
  - B. I, III, V
  - C. I, II, IV, V
  - D. II, III, IV, V
  - E. I, II, III, V
103. If a test is being evaluated for internal consistency and whether responses to the items on the first half of the test correlate with responses to the items on the second half, then that test is being evaluated for:
- A. Test-retest reliability.
  - B. Interjudge reliability.
  - C. Split-half reliability.
  - D. Parallel form reliability.
  - E. Predictive validity.
104. If this test has adequate construct validity, then:
- A. Several judges have agreed that the test has been constructed appropriately and measures what it purports to measure.
  - B. Test items are relevant to measuring what the test purports to measure.
  - C. The test accurately predicts future performance on a related task.
  - D. Test scores are consistent with theoretical concepts or constructs.
  - E. If a test is new, it correlates highly with an established test of known validity.
105. Which one of the following would NOT be a feature of this norm-referenced, standardized test?
- A. The provision of systematic procedures for administration and scoring of the test
  - B. The comparison of a client's score to that of a norming sample
  - C. Ideally, the ensuring of consistency of administration and scoring across examiners
  - D. The provision of information that can be used to create treatment goals and assess treatment progress
  - E. Ideally, ensuring that the behaviors being measured are not influenced by the examiner's personal or subjective biases
106. A clinician was working with a 4-year-old boy, Emile, who stuttered. Unfortunately, the clinician found that every time she asked Emile to imitate a long phrase or sentence, he got up out of his chair and tried to wander around the room. He would not look at stimulus items. He would complain and say "That's too hard!" Within 2 weeks, Emile's uncooperative behavior increased and he seemed to be getting worse. To control Emile's undesirable behaviors, the clinician simplified the target skill; she modeled simpler, shorter sentences with the goal of increasing the utterance length more gradually and slowly than she had done previously. Fortunately, Emile's undesirable behaviors decreased and were eventually eliminated. This shows that Emile's undesirable behaviors were:
- A. being effectively punished.
  - B. Being positively yet indirectly reinforced during treatment sessions.

- C. Being reinforced on an intermittent, variable ratio schedule.
- D. Being negatively reinforced in treatment sessions.
- E. Being differentially reinforced with primary reinforcers.

107. Which of the following are TRUE, and thus important for clinicians to remember, with regard to appropriate assessment for culturally and linguistically diverse clients?

- I. Some groups demonstrate tendencies toward certain conditions; for example, Hispanics tend to have a higher prevalence of adult-onset diabetes than whites.
- II. A potential barrier for CLD clients to take full advantage of service delivery is that CLD children tend to be underclassified as needing special education services.
- III. Some families may not believe in traditional, Western concepts of medicine and rehabilitation.
- IV. A client who makes errors in English, due to the influence of a primary language or dialect other than English, should be diagnosed as having a communication disorder and consequently undergo remediation.
- V. There can be great heterogeneity of language patterns and dialects among members of the same general language group.

- A. I, III, V
- B. I, II, III, V
- C. II, III, IV
- D. I, III, IV
- E. III, V

108. A 7-year-old boy, Cameron, has been diagnosed with a language disorder and you are seeing him for language therapy. Among other things, you are working on the goals of helping Cameron accurately produce the forms plural -s and regular past tense -ed. You need to document progress very specifically. The best way to document Cameron's ongoing progress in attaining these goals would be to:

- I. use the pre- and posttest results of a standardized test administered at the beginning and conclusion of treatment.
- II. Use criterion-referenced measures.
- III. Use conversational speech samples.
- IV. Use informal probe measures specifically designed to assess production of these forms.
- V. Ask Cameron how he thinks he is doing in production of the forms on the playground and at home.

- A. I, II, III, IV
- B. III, IV, V
- C. I, III, V
- D. I, II, IV

- E. II, III, IV
109. Baselines:
- A. help establish the initial level of client's behaviors.
  - B. Help establish the need for treatment.
  - C. Help compare changes from the initial to the terminal phase of treatment.
  - D. A, B
  - E. A, B, C
110. A clinician in a hospital setting is informed that insurance companies have begun to demand specific evidence that therapy for clients with neurologically based disorders are receiving intervention that encourages functional communicative behaviors. Functional communicative behaviors can be defined as:
- A. Age and norm based.
  - B. Useful only for adult clients.
  - C. Behaviors that promote communication in natural settings.
  - D. Useful only for clients with language disorders.
  - E. Behaviors that are displayed in the therapy setting but not in the client's natural environment.
111. Negative reinforcement:
- A. is involved in avoidance conditioning.
  - B. Is reinforcement that results from termination of aversive events.
  - C. Neither A nor B
  - D. Both A and B
  - E. A only
112. A student is observing a hospital-based clinician who is treating a 65-year-old man who has aphasia. The treatment target that the student is observing in this part of the therapy session is correct naming of pictures of objects. The clinician uses phonological cues to prompt correct naming of objects. For instance, the clinician shows a picture of a dog and asks "What is this?" then gives the cue "It starts with a D." When the patient responds correctly, the clinician positively reinforces correct naming. After obtaining correct responses for a series of trained stimuli, the clinician shows ten untrained stimuli and asks "What is this?" for each picture/stimulus item. However, the clinician does not give any cues or reinforce the patient when he names the pictures correctly. In this latter procedure, the clinician is:
- A. Fading the cues and reinforcers, but differentially applying indirect reinforcement.
  - B. Treating the client without cues.
  - C. Fading the cues and reinforcers.
  - D. Assessing whether the client has learned to name the treatment stimuli.
  - E. Measuring generalized production with a probe.

113. The difference between modeling and imitation is that:
- A. modeling is clinician's, and imitation is client's behavior.
  - B. Modeling is a treatment target, and imitation is a target behavior.
  - C. Imitation is usually superior to modeling as a treatment strategy.
  - D. A, B
  - E. A, B, C
114. IEPs and IFSPs differ in terms of:
- A. The emphasis placed on the family involvement in IFSPs.
  - B. The need to write measurable treatment targets in IEPs.
  - C. The need to make a thorough assessment of communicative behaviors in IFSPs.
  - D. The need for IFSPs to be more highly individualized than IEPs.
  - E. The need for IEPs to conform exactly to federal mandates.
115. A clinician working in a public school was asked to assess the language skills of Rica, and 8-year-old speaker of Cantonese. Rica could speak both Cantonese and English. In the assessment, the clinician obtained extensive Cantonese and English language samples with the help of a Cantonese interpreter. The clinician also consulted with the teacher about what kinds of vocabulary words were being targeted in the classroom and what kinds of language skills would enhance Rica's academic performance. The clinician and interpreter conducted an extensive interview with Rica's parents. After this interview, the clinician selected additional vocabulary items and common expressions to be included in systematic assessment. This type of assessment is known as:
- A. Functional and criterion-referenced assessment.
  - B. Norm-referenced and criterion-referenced assessment.
  - C. Standardized assessment without being norm-referenced.
  - D. Functional and standardized assessment without being norm-referenced.
  - E. Criterion-referenced assessment accompanied by standardized, norm-referenced assessment.
116. A clinician is working with a 3-year-old girl, Josie, who has a severe articulatory-phonological disorder. During the first few therapy sessions, Josie is very uncooperative. She hides under the table, throws therapy materials, and cries. The clinician tries to ignore the behaviors; this does not work. The clinician then firmly tells Josie to sit quietly; this does not work either. Then the clinician decides to implement a different strategy. She begins to praise Josie for sitting quietly for one minute and naming pictures; she also gives Josie a sticker for being a "good girl" during the preceding one minute. The clinician makes sure that she does not reinforce Josie for undesirable behaviors, but the clinician also does not do or say anything when those behaviors are exhibited. In gradual steps, the clinician extends the duration between verbal praise and presentation of stickers and eventually praises Josie only occasionally. The clinician has just used a procedure known as:
- A. Corrective feedback.
  - B. Indirect method of response reduction.

- C. Time-out.
- D. Extinction.
- E. Punishment.

117. A clinician in private practice is assessing the language skills of Brett R. His parents brought him for an evaluation because they were concerned that he had some language deficiencies that might be impacting his performance in fifth grade. At the second trimester meeting with Brett's teacher to discuss Brett's report card, the teacher said that Brett was "low" in oral and written language skills. The parents request that Brett's language be thoroughly assessed. The clinician gathers a language sample and also administers several standardized tests of language skills. On one of those tests, the *Language Achievement Test (LAT)*, Brett's overall score falls in the 25<sup>th</sup> percentile rank. This means that:
- A. Out of 100 children, 75 did better than Brett on the LAT and 25 children did worse.
  - B. 75% of the children upon whom the LAT was normed did better on that test than Brett did.
  - C. 75% of children upon whom the LAT was normed performed about the same as Brett did, but they scored 2-3 points higher on the test overall.
  - D. Brett scored about the same as 75% of fifth graders upon whom the LAT was normed.
  - E. Brett scored 25 points lower than the average fifth grader upon whom the LAT was normed.
118. Changes in the patient's body or head position as he is eating to increase the functionality of his swallow is called:
- A. Mechanical soft bolus
  - B. Postural compensations
  - C. Aspiration
  - D. Premature swallow
119. Food remaining in the mouth after the patient has finished swallowing is called:
- A. Valleculae
  - B. Epiglottal failure
  - C. Residue
  - D. Partial swallow
  - E. None of the above
120. Sam is a 9 year-old boy who is nonverbal. He has been diagnosed with cerebral palsy, developmental delays and difficulty with fine motor skills. He is able to point with his right hand using his whole hand. He understands most spoken language and follows directions well. He attends third grade in a blended classroom. When Sam was a preschooler, he received early intervention services in his home where he was seen by a speech-language pathologist and an occupational therapist. Sam is able to make some sounds, and he approximates the words mom, dad, dog, hi; in addition, he nods his head for yes and no. Although the speech language pathologist working with Sam has not ruled out the possibility



that he could someday talk, at this stage, Sam needs an alternative method of communication to supplement his few words, sounds and gestures. Sam's speech language pathologist in early intervention services tried teaching him sign language; however, given Sam's fine motor issues, signing was difficult for him. In addition, none of the students in Sam's preschool class knew sign and no one at his current school knows sign language. Given the motor requirements of signing, Sam's team elected to begin using a symbol-based system. Sam learned to use several symbols to communicate a variety of messages included such things as "My name is Sam," "My favorite color is yellow," "I love to play ball," "Let's play a game," "I want some ice cream," and "That's yucky!" The speech language pathologist worked with Sam's classroom teacher, other school personnel, and Sam's parents to ensure that new symbols added to Sam's repertoire reflected priority needs across his environments. When you assess Sam, which questions will you need to consider in order to plan treatment?

- A. Is Sam currently communicating with multiple modalities?
- B. How is Sam currently communicating?
- C. What are Sam's communication difficulties?
- D. How would you begin to determine what messages/communication needs to provide for Sam?
- E. All of the above