



# **PRAXIS BASICS: INTRO AND OVERVIEW**

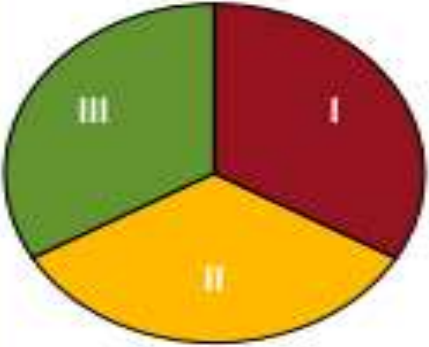
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PASS SLP, LLC

ATLANTA, GA

- NATIONAL EXAMINATION IN SPEECH-LANGUAGE PATHOLOGY (#5331)
- ONE OF SEVERAL REQUIREMENTS FOR ASHA CCC
- STATISTICS (SCALED SCORE & VALUE CHANGE FOR EACH ADMINISTRATION):
  - POSSIBLE SCORE RANGE:100-200
  - MEDIAN:177
  - AVERAGE PERFORMANCE: 170-184

## Test at a Glance

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

# OVERVIEW

## **COST:**

- THE PRAXIS® EXAM FOR SPEECH-LANGUAGE PATHOLOGY COSTS \$120.

## **SCORING:**

- THE SCORE IS REPORTED ON A 100-200 POINT SCALE, INCREASING IN ONE POINT INCREMENTS. THE REQUIRED SCORE FOR ASHA IS 162.

## **PASS RATE:**

- FOR THE 2018-2019 TEST YEAR, THE PASS RATE FOR THE PRAXIS® EXAM FOR SPEECH-LANGUAGE PATHOLOGY WAS 89.9%.

# SCORING

- SCORE SCALE IS NOW 100-200 IN 1 POINT INTERVALS
- ASHA REQUIRES A 162 TO PASS TEST
- UNOFFICIAL SCORE RESULTS VIEWED IMMEDIATELY AT TEST CENTER
- OFFICIAL SCORE REPORTS AVAILABLE ONLINE 10-12 BUSINESS DAYS AFTER THE WINDOW CLOSES
- IT IS BETTER TO GUESS THAN TO LEAVE AN ANSWER BLANK

# COMPUTERIZED DELIVERED TESTING

- MEASUREMENT
- QUESTIONS NOT COUNTED ON THE TEST
- ADMINISTRATION
  - HOME
  - TEST CENTER
- NOT ORGANIZED( EASIEST TO HARDEST)
- DISTRIBUTION OF TEST QUESTIONS


# THE BIG NINE

- SPEECH SOUND PRODUCTION
- FLUENCY
- VOICE, RESONANCE, AND MOTOR SPEECH
- RECEPTIVE AND EXPRESSIVE LANGUAGE
- SOCIAL ASPECTS OF COMMUNICATION
- COGNITIVE ASPECTS OF COMMUNICATION
- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION
- HEARING
- FEEDING AND SWALLOWING



# I. FOUNDATIONS AND PROFESSIONAL PRACTICE


## A. FOUNDATIONS


1. TYPICAL DEVELOPMENT AND PERFORMANCE ACROSS THE LIFESPAN
  2. FACTORS THAT INFLUENCE COMMUNICATION, FEEDING, AND SWALLOWING
  3. EPIDEMIOLOGY AND CHARACTERISTICS OF COMMON COMMUNICATION AND SWALLOWING DISORDERS
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# TYPICAL DEVELOPMENT AND PERFORMANCE ACROSS THE LIFESPAN

- DEVELOPMENTAL NORMS
  - SPEECH SOUND AND PHONOLOGY
  - RECEPTIVE AND EXPRESSIVE LANGUAGE
  - FLUENCY
  - VOICE, RESONANCE, AND MOTOR
  - FEEDING AND SWALLOWING
  - COGNITION
  - PROCESSES
  - MOTOR PROCESSES
- 



# FACTORS THAT INFLUENCE COMMUNICATION, FEEDING, AND SWALLOWING

- MEDICAL
  - CULTURAL AND ETHNIC
  - LINGUISTIC
  - PSYCHOLOGICAL
  - ANATOMY & PHYSIOLOGY
  - ENVIRONMENTAL
  - GENETICS
  - AUDITORY
- 

# EPIDEMIOLOGY AND CHARACTERISTICS OF COMMON COMMUNICATION AND SWALLOWING DISORDERS

- SPEECH SOUND AND PHONOLOGY
- SYNTAX AND MORPHOLOGY
- SEMANTICS, PRAGMATICS, AND FLUENCY
- VOICE, RESONANCE, AND MOTOR SPEECH
- FEEDING AND SWALLOWING
- COGNITION
- PROCESSING

# PROFESSIONAL PRACTICE

1. WELLNESS AND PREVENTION
2. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICE DELIVERY
3. COUNSELING, COLLABORATION, AND TEAMING
4. DOCUMENTATION
5. ETHICS
6. LEGISLATION AND CLIENT ADVOCACY
7. RESEARCH METHODOLOGY AND EVIDENCE-BASED PRACTICE



I. WELLNESS AND PREVENTION

A. PREVENTION TERMINOLOGY, PRACTICES, AND PUBLIC EDUCATION

B. RISK FACTORS FOR COMMUNICATION DISORDERS

II. CULTURALLY AND LINGUISTICALLY SERVICE DELIVERY

A. EXPLICIT AND IMPLICIT CULTURAL FACTORS

B. ASSIMILATION AND ACCULTURATION ON COMMUNICATION PATTERNS

C. COMMUNICATION DIFFERENCES OF SPEAKERS AND THE SAME LANGUAGE





### 3. COUNSELING, COLLABORATION, AND TEAMING

A. INTERPERSONAL COMMUNICATION AND COUNSELING TECHNIQUES

B. INTEGRATION OF OTHER PROFESSIONALS

C. COMMUNICATION WITH PATIENT/STUDENTS/FAMILIES/OTHER  
PROFESSIONALS

### 4. DOCUMENTATION

A. LEGAL DOCUMENTS

B. PURPOSE OF DOCUMENTATION

C. PRIVACY REQUIREMENTS

D. OFFICIAL RECORDS



## 5. ETHICS

### A. STANDARDS OF ETHNICS


- PERMISSION, REFERRALS
- HIPAA
- SUPERVISION REQUIREMENTS
- CONFLICT OF INTEREST
- PROFESSIONAL COMPETENCE



## 6. LEGISLATION AND CLIENT ADVOCACY

- A. FEDERAL LAWS IMPACTING DELIVERY OF SERVICES
- B. REPORTING REQUIREMENTS
- C. LICENSING REQUIREMENTS

## 7. EVIDENCED BASED-PRACTICE RESEARCH METHODOLOGY

- A. CRITERION OF TEST SELECTION
  - B. RELIABILITY OF ASSESSMENT PROCEDURES
  - C. MODELS OF RESEARCH DESIGN
  - D. TEST CONSTRUCTIVE PRINCIPLES
  - E. TENETS OF EVIDENCE-BASED PRACTICE
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# SCREENING, ASSESSMENT, EVALUATION, AND DIAGNOSIS

## A. SCREENING

1. COMMUNICATION DISORDERS
2. FEEDING AND SWALLOWING DISORDERS

## B. APPROACHES TO ASSESSMENT AND EVALUATION

1. DEVELOPING CASE HISTORIES
2. SELECTING APPROPRIATE ASSESSMENT INSTRUMENTS, PROCEDURES, AND MATERIALS
3. ASSESSING FACTORS THAT INFLUENCE COMMUNICATION AND SWALLOWING DISORDERS
4. ASSESSMENT OF ANATOMY AND PHYSIOLOGY

# SCREENING

## I. COMMUNICATION DISORDERS

A. ROLE OF THE SLP

B. SCREENING PROCEDURES AND APPROACHES

C. PATIENT IDENTIFICATION FOR FURTHER EVALUATION

D. KNOWLEDGE OF POPULATION AT RISK

# SCREENING

## II. FEEDING AND SWALLOWING

A. ROLE OF THE SLP

B. SCREENING PROCEDURES AND APPROACHES

C. PATIENT IDENTIFICATION FOR FURTHER EVALUATION

D. FACTORS LEADING TO INCREASED RISK

# APPROACHES TO ASSESSMENT AND EVALUATION

## I. DEVELOPING CASE HISTORIES

A. PATIENT RECORDS

B. PATIENT/FAMILY INTERVIEW

C. INTEGRATING CRITICAL FACTORS

## II. SELECTING APPROPRIATE ASSESSMENTS, TECHNIQUES, STRATEGIES, MATERIALS

A. FACTORS THAT INFLUENCE TEST SELECTION

B. FACTORS THAT REQUIRE ADAPTATION

C. SELECTION OF INSTRUMENTAL APPROACHES

# APPROACHES TO ASSESSMENT AND EVALUATION

## III. ASSESSING FACTORS THAT INFLUENCE SWALLOWING AND COMMUNICATION DISORDERS

- A. CULTURAL FACTORS
- B. LINGUISTIC FACTORS
- C. MEDICAL FACTORS
- D. DEVELOPMENTAL FACTORS
- E. PSYCHOLOGICAL FACTORS
- F. ENVIRONMENTAL FACTORS



# APPROACHES TO ASSESSMENT AND EVALUATION

## IV. ASSESSMENT OF ANATOMY AND PHYSIOLOGY

A. RESPIRATION

B. PHONATION

C. SPEECH SOUND PRODUCTION

D. SWALLOWING

E. RESONANCE

F. SPEECH LANGUAGE PERCEPTION



# SCREENING, ASSESSMENT, EVALUATION, AND DIAGNOSIS

## C. ASSESSMENT PROCEDURES AND ASSESSMENT

1. SPEECH SOUND PRODUCTION
2. FLUENCY
3. VOICE, RESONANCE, AND MOTOR SPEECH
4. RECEPTIVE AND EXPRESSIVE LANGUAGE
5. SOCIAL ASPECTS OF COMMUNICATION, INCLUDING PRAGMATICS
6. COGNITIVE ASPECTS OF COMMUNICATION
7. AUGMENTATIVE AND ALTERNATIVE COMMUNICATION
8. HEARING
9. FEEDING AND SWALLOWING

# SCREENING, ASSESSMENT, EVALUATION, AND DIAGNOSIS

## D. ETIOLOGY

1. GENETIC
2. DEVELOPMENTAL
3. DISEASE PROCESS
4. AUDITORY PROBLEMS
5. NEUROLOGICAL
6. STRUCTURAL AND FUNCTIONAL
7. PSYOGENIC




# PLANNING, IMPLEMENTATION, AND EVALUATION OF TREATMENT

## A. TREATMENT PLANNING

1. EVALUATION FACTORS THAT CAN AFFECT TREATMENT
2. INITIATING AND PRIORITIZING TREATMENT AND DEVELOPING GOALS
3. DETERMINING APPROPRIATE TREATMENT DETAILS
4. GENERATING A PROGNOSIS
5. COMMUNICATION RECOMMENDATIONS
6. GENERAL TREATMENT PRINCIPALS AND PROCEDURES



## **B. TREATMENT EVALUATION**

- 1. ESTABLISHING METHODS FOR MONITORING TREATMENT PROGRESS AND OUTCOMES TO EVALUATE ASSESSMENT AND/OR TREATMENT PLANS**
  - 2. FOLLOW-UP ON POST-TREATMENT REFERRALS AND RECOMMENDATIONS**
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## C. TREATMENT

1. SPEECH SOUND PRODUCTION
  2. FLUENCY
  3. VOICE, RESONANCE, AND MOTOR SPEECH
  4. RECEPTIVE AND EXPRESSIVE LANGUAGE
  5. SOCIAL ASPECTS OF COMMUNICATION, INCLUDING PRAGMATICS
  6. COMMUNICATION IMPAIRMENTS RELATED TO COGNITION
  7. TREATMENT INVOLVING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION
  8. HEARING AND AURAL REHABILITATION
  9. SWALLOWING AND FEEDING
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