When you are ready to take the test, log into the ASHA Learning Center, select and launch the course, then select “exam.” To keep track of your answers, print this copy of the exam and circle your answers as you go through the online test.

ARTICLE 1
Evidence-Based Multifactorial Assessment of Preschool-Age Children Who Stutter, by Clark, Tumanova, & Choi

1. Generally speaking, multifactorial models of stuttering suggest that:
   A. various factors are associated with stuttering, some of which may be internal/endogenous (i.e., within the child, such as his or her speech-language abilities) or external/exogenous in nature (e.g., environmentally-driven, such as speech-language stress placed on the child)
   B. children are more likely to stutter if they exhibit a greater number of factors associated with the disorder
   C. the mere presence of certain isolated factors indicates that stuttering will persist
   D. certain known factors carry significant “weight” in their contribution towards stuttering; children presenting with those known, weighty factors will most certainly persist beyond the preschool ages

2. Based on empirical evidence, children exhibiting physical concomitants and increased frequencies of sound prolongations (SPs) during initial evaluations:
   A. are exhibiting more advanced or severe forms of stuttering
   B. are more likely to persist beyond the preschool ages
   C. should receive immediate treatment based solely on these behaviors (i.e., presence of physical concomitants and SPs)
   D. should be monitored for changes in SPs over time to determine whether this behavior is increasing, decreasing, or remaining stable across subsequent, follow-up evaluations

3. During preschool-age fluency evaluations, children’s stuttering-related awareness and reactions should:
   A. never be addressed because doing so will draw children’s attention to their stuttering
   B. be assessed using caregiver and child-directed measures because some children as young as 2 years old may be aware of and/or react to their stuttering
   C. only be addressed with the parents of young children
   D. only be informally measured by clinicians through behavioral observations (e.g., note child’s verbal/physical reactions during moments of stuttering)
4. Based on current evidence, which of the following factors—present at a child’s initial stuttering evaluation—are more likely to place him or her at a greater risk for stuttering persistence?

A. Increased frequency and severity of stuttering
B. Positive family history of stuttering and a time since onset of stuttering (TSO) that is greater than 1 year
C. Reduced articulation abilities as measured by a standardized test of speech sound production
D. Finger tapping, eye twitching, and throat clearing during moments of stuttering

5. Temperament has long been theorized to contribute to childhood stuttering. Current evidence suggests that temperament should:

A. not be measured during fluency evaluations, because its association with stuttering is purely theoretical and has yet to avail clinical implications
B. not be measured during fluency evaluations, because it is not within the scope of speech-language pathology; temperament should only be assessed by licensed psychologists
C. be measured during fluency evaluations given its association with stuttering (i.e., temperament develops significantly around the same time as stuttering emerges, has been shown to be associated with stuttering frequency/persistence, and may play a role in caregiver counseling and child-directed treatment plans)
D. be measured during fluency evaluations, because all preschool-age children who stutter are shy and reserved, which affects their fluency

ARTICLE 2
University Students’ Perceptions of a Person Who Clutters With or Without Video Education, by Blanchet, Farrell, and Snyder

6. Which demographic variable was found to be significantly different between the two groups of respondents?

A. Age
B. Gender
C. Race
D. Number of known persons who clutter

7. Which speech skills were rated significantly differently by the two groups of respondents?

A. Intelligibility and rate
B. Rate and fluency
C. Intelligibility, rate, and ease of listening
D. Rate, fluency, and ease of listening
8. Which personality trait was rated significantly differently by the two groups of respondents?
   A. Sincerity
   B. Competence
   C. Intelligence
   D. Confidence

9. Which speech disorder did Farrell et al. (2015) feature in the video clip that they showed their participants?
   A. Stuttering
   B. Cluttering
   C. Articulation
   D. Apraxia

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