Bresnahan-Halstead Center Evaluation of Professional Development
Policy and Procedures

The American Speech-Language-Hearing Association (ASHA) uses learning outcomes and multiple-choice questions to award continuing education credit. Participants need to score at least 80% on the learning assessment to earn continuing education units.

The Bresnahan-Halstead Center has instituted a similar process. Presenters of workshops are required to develop learning outcomes for their workshop as well as ten (10) multiple-choice questions and answers. The assessment of learning will be administered to participants at the conclusion of the workshop.

Below are examples of Learning Outcomes and Multiple-Choice questions developed by ASHA.

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**Topic – Developing Evidence-Based Practices and Research Collaborations in School Settings**

**Learning Outcomes**

After reading the material, individuals will be better able to:

- Discuss how the bilingual language learning experience influences the phonological systems of both languages in children who are Spanish-English speakers.

- Explain the importance of the speech-language pathologists linguistic knowledge related to spelling assessment and intervention.

- Provide examples of researcher-clinician partnerships, descriptive case studies, and evidence-based practices.

**CONTINUING EDUCATION QUESTIONS**

*Article 1* An Initial Investigation of Phonological Patterns in Typically Developing 4-Year-Old Spanish-English Bilingual Children (pp. 153-164)

1. Which consonants are part of the Spanish phonetic repertoire but not the English phonetic repertoire?
   a. [n], [β]
   b. [dʒ], [l]
   c. [d], [g]
   d. [s], [tʃ]
2. Typically developing Spanish speakers usually acquire:
   a. Affricates before nasals.
   b. Nasals before stops.
   c. Liquids before stops.
   d. Nasals before fricatives.

3. According to Gildersleeve, Davis, and Stubbe (1996), bilingual children exhibit:
   a. Fewer consonant distortions than monolingual children.
   b. More consonant errors than monolingual children.
   c. Fewer vowel errors than monolingual children.
   d. More syllable errors than monolingual children.

4. In Spanish, the two most commonly occurring phonological processes exhibited by the bilingual children in this study were:
   a. Assimilation and fronting.
   b. Syllable deletion and cluster reduction.
   c. Cluster reduction and liquid simplification.
   d. Backing and fronting.

5. In English, the two most commonly occurring phonological processes exhibited by the bilingual children in this study were:
   a. Stopping and final consonant deletion.
   b. Syllable deletion and cluster reduction.
   c. Cluster reduction and liquid simplification.
   d. Backing and fronting.

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**Article 2** Collaborating to Obtain Phonological Acquisition Data for Local Schools (pp. 165-171)

6. The range for ages of acquisition of /s/ based on eight published studies is:
   a. 5 to 9 years.
   b. 3 to 8 years.
   c. 7 to 9 years.
   d. 6 to 8 years.
7. The consonant class of strident phonemes was acquired by the children in Porter and Hodson's study by age:
   a. 3 years.
   b. 5 years.
   c. 7 years.
   d. 9 years.

8. Correct productions of sibilants (without lisps) reached criterion by age:
   a. 3 years.
   b. 5 years.
   c. 7 years.
   d. 9 years.

9. Production of the correct number of consonants in clusters was acquired by age:
   a. 4 years.
   b. 6 years.
   c. 8 years.
   d. 9 years.

10. In this study, which of the following types of deviations was found to be the most critical indicator for eligibility for services for local schools?
    a. Substitutions.
    b. Omissions.
    c. Distortions.
    d. Additions.

   **Article 3**  Spelling Development and Disability: The Importance of Linguistic Factors (pp. 172-181).

11. Sonorant consonants are omitted in children's spellings more frequently than obstruent consonants because:
    a. Sonorants are acquired later than obstruents.
    b. Obstruents have a higher word frequency.
    c. Children seem to consider sonorants as properties of the vowel rather than a separate unit.
    d. Children consider obstruents as easier to articulate.
12. Spelling *drip* as “jrep” demonstrates a child’s reliance on:
   a. Morphological knowledge.
   b. Phonological knowledge.
   c. Orthographic knowledge.
   d. Graphemic mental representations.

13. Using letter-name knowledge to spell:
   a. Is a strategy frequently used by poor spellers.
   b. Requires knowledge of the meaning of the word spelled.
   c. Determines whether a child will acquire spelling abilities.
   d. Occurs more frequently for some letters than others.

14. Evidence of the influence of morphological awareness may first appear:
   a. When children spell two-morpheme words containing flaps with a “t.”
   b. When children spell one-morpheme words ending in s-clusters with an “s.”
   c. When children spell derived forms similarly to their base forms.
   d. After children receive some training in morphological knowledge.

15. The morphological deficit hypothesis suggests that:
   a. Children with typically developing spelling skills exhibit a lack of morphological awareness during the elementary grades.
   b. Children with spelling difficulties may not use morphological knowledge easily to spell words.
   c. Children with spelling difficulties do not exhibit clear understanding of letter-sound correspondence.
   d. Children with spelling difficulties may not acquire morphological awareness *because* of poor phonological awareness.

*Article 4*  Theory-Guided Spelling Assessment and Intervention: A Case Study (pp. 182-195).

16. When determining the potential factors influencing a spelling error of omission (e.g., “had” for *hand*), the clinician would first consider:
   a. Phonemic awareness.
   b. Orthographic knowledge.
   c. Morphological knowledge.
   d. Integrity of mental graphic representations.
17. A student spells all “long vowels” (/eɪ/, /iː/, /aɪ/, /oʊ/, /uː/) with single letters (e.g., “bak” for bake; “cot” for coat; “jus” for juice). This is likely due to a deficiency in:
   a. Phonemic awareness.
   b. Orthographic knowledge.
   c. Morphological knowledge.
   d. Integrity of mental graphic representation.

18. Which term refers to positional constraints on the conversion of phonemes to graphemes?
   a. Free variation.
   b. Processing limitations.
   c. Orthotactics.
   d. Complementary distribution.

19. The clinician encounters the following spelling pairs: “wait” for wait; “water” for waiter; “innocent” for innocent; “innosense” for innocence; “office” for office; “offishul” for official. The misspellings are likely due to a deficiency in:
   a. Phonemic awareness.
   b. Orthographic knowledge.
   c. Morphological knowledge.
   d. Integrity of mental graphic representation (MGR).

20. According to Apel and Masterson, one desirable strategy for facilitating a student's knowledge of orthographic patterns (i.e., spelling principles) is:
   a. Memorizing weekly spelling lists.
   b. Word sorting and word analysis.
   c. Participation in spelling bees.
   d. Producing sound strings.

**Prologue and Epilogue**

21. Evidence-based approaches to clinical services involve:
   a. Collaboration between a clinician and researcher to conduct a research study.
   b. The conscious use of current theory and research to plan assessment and intervention.
   c. Basing intervention only on behavioral observation of the client.
   d. A trial and error approach to intervention.
22. Fey and Johnson (1998) suggested that in some clinical settings, a case study format may be a valuable alternative to more traditional, formal research procedures because:
   a. Traditional research method require the use of stringent guidelines that may not be possible to follow in everyday clinical settings.
   b. Practitioners in clinical settings lack the training to carry out traditional research methods.
   c. Case studies are the most common type of research carried out in clinical settings.
   d. Traditional research methods may be too costly.

23. Which articles in this forum provide examples of researcher-clinician partnerships?
   b. Bourassa and Treiman; Apel and Masterson.
   c. Porter and Hodson; Bourassa and Treiman
   d. All four articles.

24. Which article(s) in this forum provide examples of descriptive case studies?
   a. Goldstein and Washington; Porter and Hodson.
   b. Apel and Masterson.
   c. Bourassa and Treiman.
   d. Bourassa and Treiman; Apel and Masterson.