1. Which of the following are typically included in *communication training*?
   a. Auditory Training
   b. Visual Communication Training (e.g., speechreading)
   c. Communication Strategies
   d. All of the above

2. Auditory skills develop in the following order:
   a. comprehension, detection, identification, discrimination
   b. discrimination, identification, detection, comprehension
   c. detection, discrimination, identification, comprehension
   d. detection, comprehension, identification, discrimination

3. What is the objective of the auditory training process?

4. All of the following individuals would meet the candidacy for auditory training except:
   a. Children with pre-lingual profound SNHL
   b. Children & adults with an auditory processing disorder
   c. Cochlear implant recipients
   d. All of the above would meet candidacy

5. Who might benefit from receiving *auditory training*?

6. What are the primary modes of visual stimuli in communication? Can you explain the difference between them?
7. In the US, what types of communication are used by the Deaf?

8. Which of the following communication approaches is most desirable for young cochlear implant recipients?
   a. Bilingualism
   b. Cued speech
   c. Oral-aural
   d. ASL

9. What is cued speech? What is fingerspelling? Can you tell me the difference?

10. What are some psychosocial impacts a hearing loss might have on an individual with impaired hearing?

11. Without reading into it too deeply, understand the basic distinctions between
   a. Psychotherapy
   b. Professional counseling
   c. Non-professional counseling
   d. Personal adjustment counseling
   e. Content/informational counseling

12. Should the selection of aural rehabilitation service plans be based solely on a patient’s audiometric test results? Why?

13. Why might adult hearing loss be under-treated?

14. What are some major causes of hearing loss with onset occurring as an adult?
15. Which of the following cannot be determined or predicted from the audiometric test results?
   a. Level of hearing loss
   b. Communication impairment
   c. Communication participation restriction
   d. Type of hearing loss

16. What is recruitment? What is hyperacusis? Can you tell me the difference?

17. In which frequency range does age-related hearing loss typically begin?

18. What types of factors should be considered when designing and recommending an aural rehabilitation service plan?

19. Are there any factors that affect the benefit a patient acquires from auditory training? What might these be?

20. Are there actions a person who is speaking can use to enhance communication effectiveness for an individual with hearing impairment? What might these be?

21. Teaching communication strategies to a hearing impaired adult should include all of the following except:
   a. Position yourself so the background noise is in front of you
   b. Minimize distance from the speaker
   c. Optimize your hearing aid setting for the situation
   d. Use situational cues to anticipate topics and words

22. What are the two temporal types of noise induced hearing loss (NIHL)?

23. What device is used to measure the “volume” (i.e., the sound pressure level) of noise and other sounds?
24. Which ear structures are most vulnerable to continuous, intense noise exposure?
   a. Hair cells of the cochlea
   b. Tympanic membrane
   c. Ossicular chain
   d. Supporting cells of the cochlea

25. Which frequencies are most commonly tested in a hearing conservation screening program?

26. What might be included in employee training as part of a hearing conservation program?

27. What preventative strategies might you recommend to reduce the likelihood of incurring NIHL?

28. Can you tell me the difference between conditioned play audiometry (CPA) and visual reinforcement audiometry (VRA)? For which populations are these behavioral audiometric tests appropriate?

29. The Individuals with Disabilities Education Act (IDEA) includes both a Part B and a Part C. Can you tell me the difference between these two portions of the law?

30. What type of communication approaches may be used in a pediatric rehabilitation program?

31. The particular services to be provided in a pediatric aural rehabilitation program depend on what?

32. Can you tell me some of the services that might be provided by an educational audiologist? How about an educational speech-language pathologist?

33. What is “auditory processing”?

34. With which symptoms might an individual with auditory processing disorder (APD) present?

35. Can environmental factors affect the acoustics of a space? If so, what might these be?

36. Can you explain to me what is meant by S/N ratio? Why is this ratio important?
37. Are there environmental changes that can be made to improve speech perception in a classroom? If so, could you make a suggestion as to what these environmental changes could include?

38. What is reverberation? Is it important to consider in a classroom environment?

39. What is tinnitus? In whom might this condition occur?

40. A teacher’s voice is measured at 65 dB SPL. Background noise is measured 55 dB SPL. What is the S/R ratio?

41. What components might be included in tinnitus management?

42. What is Videonystagmography (VNG)? What is it used for?

43. What common disorders might affect the vestibular system?

44. What is the Epley maneuver? What is its purpose?

Note: You should review the Graduate Student Aural Rehabilitation presentations. The exam will include questions from these.