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OET HQ BY DR. NASIR

OET SPEAKING SUB-TEST

SPEECH PATHOLOGY

Free Sample · Cards 1–2 of 5 · (Roleplayer + Candidate)

2026 EDITION FREE SAMPLE

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CARD	SCENARIO / SETTING	WHAT IT TESTS
No. 1	Community Health Centre – three-year-old with delayed talking (parent, bilingual home)	Paediatric language delay; explaining assessment results (expressive vs. receptive); the bilingualism myth; parent-led therapy plan; practical home strategies.
No. 2	Stroke Unit – dysphagia after stroke, patient refusing thickened fluids	Explaining swallow assessment findings and aspiration risk; texture-modified fluids and food (IDDSI); respecting choice while explaining risk; safe-swallow strategies; review plan.

+ 3 more full role-plays in the complete 2026 set – get it at cliniverba.com

How to use these cards

- Each role play lasts about **5 minutes**, with **3 minutes** of preparation time first. The candidate reads only the **Candidate Card**; the interlocutor (teacher/partner) uses the **Roleplayer Card** and plays the patient or parent.
- The candidate is the **speech pathologist** at all times. All the clinical information needed is given on the Candidate Card in brackets (e.g., …) – the candidate only has to communicate it clearly, in the right order, with empathy.
- Cover all the TASK points, but let the patient's concerns lead the conversation: open the interaction, listen, acknowledge feelings, explain in plain language (avoid jargon), check understanding, and close by agreeing a clear plan.
- Assessment criteria to practise: **Intelligibility, Fluency, Appropriateness of language, Resources of grammar and expression**, and the clinical communication criteria (**relationship building, understanding the patient's perspective, providing structure, information gathering, information giving**).

ROLEPLAYER CARD NO. 1 — SPEECH PATHOLOGY

SETTING: Community Health Centre – Paediatric Speech Pathology Clinic

PARENT

You are the parent of a three-year-old who says only about 20 single words and does not join words together. His/her older sibling was talking in sentences at this age. Your child understands instructions well, plays happily and points to the things he/she wants. Your family speaks two languages at home – English and your home language – and your mother-in-law says this is confusing the child and that you should stop using your home language. The child health nurse referred you for a speech and language assessment, which has just been completed, and you have come to discuss the results. Your child is playing in the waiting area.

TASK

- When asked, say you are worried because your child says only about 20 words and does not join words together, while the older sibling was speaking in sentences at this age.
- Say you understand your child well and he/she understands you. Ask whether there is really a problem or whether he/she will simply 'catch up'.
- Say your mother-in-law believes that speaking two languages at home is confusing the child. Ask whether you should stop using your home language.
- Ask what happens next – whether your child will have therapy, how long it will take, and what you can do at home to help.
- Say you feel reassured and will try the strategies suggested; agree to the plan and the review appointment.

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CANDIDATE CARD NO. 1 — SPEECH PATHOLOGY

SETTING: Community Health Centre – Paediatric Speech Pathology Clinic

PATHOLOGIST

You have just assessed a three-year-old child referred by the child health nurse for delayed speech. Your assessment shows an expressive language delay (about 20 single words, no two-word combinations; expected at this age: several hundred words and short sentences) with age-appropriate understanding (receptive language), play and social interaction. A hearing test last month was normal. The child is growing up in a bilingual home. The parent is anxious about the results. The child is playing in the waiting area and is not present.

TASK

- Find out the parent's main concerns (e.g., comparison with the older sibling, fear of a long-term problem, etc.) and how the child communicates at home (e.g., gestures, pointing, single words, which language(s), etc.).
- Explain the assessment results in plain language (e.g., understanding is age-appropriate, which is a very positive sign; expressive language – the words the child uses – is behind what is expected at three; not simply a 'late talker' to wait and see with, because some children do not catch up without support, etc.).
- Reassure the parent about bilingualism (e.g., learning two languages does not cause delay or confusion; the family should keep talking in the language they are most comfortable in; what matters is the child's total vocabulary across both languages; stopping the home language would reduce the child's language input, etc.).
- Explain the plan (e.g., a block of six weekly sessions teaching parent-led strategies; daily practice at home; review in three months; referral to a paediatrician only if progress is slow or other concerns emerge; most children with this profile make good progress, etc.).
- Give practical strategies for home (e.g., get face to face and follow the child's lead in play; comment rather than question; 'expand' – repeat the child's word and add one more ('car' becomes 'big car'); offer choices ('apple or banana?'); read simple books every day; limit screen time; never pressure the child to say a word, etc.). Answer any other questions.

ROLEPLAYER CARD NO. 2 — SPEECH PATHOLOGY

SETTING: Hospital Ward – Stroke Unit

PATIENT

You are 68 years old and had a stroke five days ago. Your right arm is weak and your speech is slightly slurred, but you can talk and understand well. Since you were admitted, the nurses have been giving you thickened drinks and soft, mashed food. You hate the thickened fluids – they are like wallpaper paste – and you desperately want a proper cup of tea and your normal food. Your family brought in biscuits yesterday and you ate some without any problem. A speech pathologist assessed your swallowing this morning and has come to talk to you.

TASK

- Say that you cannot stand the thickened drinks and the mashed food. Say you want a normal cup of tea and normal meals – you have been eating 'fine' and even had some biscuits yesterday.
- Ask why your drinks have to be thickened when you can talk and swallow your saliva perfectly well.
- Be reluctant to accept the explanation at first. Ask what would actually happen if you just drank normal tea – say you are willing to take the risk.
- Ask how long this will go on for and whether your swallowing will ever get back to normal.
- Agree to continue with the recommended food and drinks for now, but ask for the plan to be reviewed soon.

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CANDIDATE CARD NO. 2 — SPEECH PATHOLOGY

SETTING: Hospital Ward – Stroke Unit

PATHOLOGIST

This 68-year-old patient had an ischaemic stroke five days ago, with mild right-sided weakness and mild dysarthria. Your bedside swallow assessment this morning showed a delayed swallow, coughing on thin fluids and a wet-sounding voice afterwards (signs of aspiration risk). Soft, moist food was swallowed safely. Your recommendation: mildly thick fluids (IDDSI Level 2) and a soft and bite-sized diet (IDDSI Level 6), with safe-swallow strategies. The patient is frustrated and wants normal food and drink. Ward staff report that the family brought in biscuits yesterday.

TASK

- Find out the patient's concerns (e.g., dislike of thickened fluids and modified food, wanting tea, feeling that swallowing is fine, etc.).
- Explain the assessment findings in simple terms (e.g., the stroke has weakened and slowed the muscles that control swallowing; thin liquids move fast and are going 'down the wrong way' towards the lungs – the coughing and wet voice show this; there is no pain, so it can also happen silently, etc.).
- Explain the risks of ignoring the recommendation (e.g., aspiration pneumonia, which is common after stroke and can be serious; choking; a longer stay in hospital, etc.) while respecting the patient's right to make choices. Explain why dry, crumbly foods such as biscuits are also unsafe at present.
- Give the plan and safe-swallow strategies (e.g., mildly thick fluids – tea can be thickened; soft, moist meals; sit fully upright; small sips and mouthfuls; no talking while swallowing; a strong cough or a second swallow after each mouthful; stop if coughing; good mouth care to reduce bacteria, etc.).
- Reassure about recovery and review (e.g., swallowing often improves in the first weeks after a stroke; re-assessment in two to three days with the diet upgraded as soon as it is safe; swallowing exercises; the family will be told what is safe to bring in, etc.). Answer any other questions.

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