Comprehensive Phonetics and Phonology – Speech Sounds, Articulatory Features, and Developmental Stages Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. From the sample, which phoneme would be appropriate to target as an expand goal?

A. /s/

B. /ʤ/

C. /ɹ/

D. /l/

2. Which of the following factors should result in prioritization of a child for treatment upon diagnosis of SSD?

A. Younger age of child, that is 2 or 3 years of age

B. Concomitant language impairment

C. Male sex

D. Older age of child, that is older than age 9 years

3. For the following phonetic repertoire question, select the phonetic sequence from the alternatives below: coat → [doʊt]; face → [beɪs]; garage → [dawad]; spool → [buo]; stop → [dɑp]; soup → [dup]; rabbit → [wæbɪt]; looking → [wʊtɪn]; standing → [dænɪn]; jar → [dao]; chase → [deɪs]; moon → [mun]; me → [mi].

A. [m,n,p,b,t,d,s,w,i,ɪ,eɪ,æ,a,ɑ,o,oʊ,ʊ,u]

B. [m,n,p,b,t,s,i,ɪ,eɪ,æ,a,ɑ,oʊ,ʊ,u]

C. [m,n,ŋ,p,b,t,d,k,g,f,s,ʧ,ʤ,l,ɹ,i,ɪ,eɪ,æ,a,ɑ,oʊ,ʊ,u]

D. [m,n,p,b,t,d,s,w]

4. Which of the following words violates the sonority sequencing principle?

A. spot

B. sweep

C. brown

D. past

5. Which framework emphasizes functioning, activity, participation, and environmental factors in evaluating a speech-language impairment?

- **A. ICF approach (International Classification of Functioning, Disability, and Health)**
- **B. Medical approach**
- **C. Norm-referenced approach**
- **D. Predictive assessment approach**

6. Which option best exemplifies surface characteristics of speech in SSD?

- **A. Etiology of SSD**
- **B. Underlying speech processes**
- **C. Surface characteristics of speech**
- **D. Genetic factors**

7. Consider the sounds [f,v]. They share the same place of articulation which is which?

- **A. Strident**
- **B. Interdental**
- **C. Bilabial**
- **D. Labiodental**

8. Which imaging technology was used to show that some children with SSD have undifferentiated lingual gestures?

- **A. Electropalatography**
- **B. Magnetic resonance imaging**
- **C. Ultrasound**
- **D. Iowa Oral Performance Instrument**

9. You observe the following errors in a child's speech: "sweep" → [fip], "slip" → [fɪp]. What is the name of this error pattern?

- **A. Neutralization**
- **B. Harmony**
- **C. Coalescence**
- **D. Simplification**

10. Children with Inconsistent Phonological Disorder produce difficult words differently each time they attempt the word. This pattern suggests a problem with which underlying speech process?

A. Phonological processing

B. Phonological planning

C. Motor planning

D. Speech perception

Answers

1. B
2. B
3. A
4. A
5. A
6. C
7. D
8. A
9. C
10. B

Explanations

1. From the sample, which phoneme would be appropriate to target as an expand goal?

A. /s/

B. /ʤ/

C. /ɹ/

D. /l/

Expanding a child's phoneme set means choosing a target that adds a new, meaningful level of complexity to their current production, building toward a broader and more functional inventory. The voiced palato-alveolar affricate /ʤ/ is a solid pick for this kind of expansion because it combines a stop release with a fricative component, introducing both manner and timing complexity in a way that still can be approached with cues from sounds the child already handles. It serves as a middle-step that broadens the repertoire beyond simple fricatives or liquids, without leaping to a much later or more challenging sound. In contrast, a pure fricative like /s/ would offer less expansion if frication is already present in the child's system, and the liquids /l/ or /ɹ/ tend to be later and more motorically demanding, often requiring more development before they are appropriate as expansion targets. Targeting /ʤ/ thus provides a meaningful advancement in the child's phonemic inventory and sets up opportunities for generalization across contexts.

2. Which of the following factors should result in prioritization of a child for treatment upon diagnosis of SSD?

A. Younger age of child, that is 2 or 3 years of age

B. Concomitant language impairment

C. Male sex

D. Older age of child, that is older than age 9 years

Concomitant language impairment signals a broader communication profile beyond just speech sounds. When a child has SSD along with language impairment, the risk that speech difficulties will persist into later childhood—and that language and literacy will be affected—is much higher. This combination means the child is likely to experience cascading challenges in vocabulary, grammar, and narrative skills, which can in turn impact reading and academic success. Prioritizing intervention in such cases helps address both systems simultaneously, aiming to improve overall communicative competence and reduce long-term impacts. You might consider age-related factors, but early intervention is beneficial for many children with SSD. However, the presence of a language impairment is the strongest indicator that treatment should be prioritized because it directly relates to broader language development and literacy risk. Sex or older age alone do not carry the same predictive power for prioritization in this context.

3. For the following phonetic repertoire question, select the phonetic sequence from the alternatives below: coat → [doʊt]; face → [beɪs]; garage → [dawad]; spool → [buo]; stop → [dɑp]; soup → [dup]; rabbit → [wæbɪt]; looking → [wʊtɪn]; standing → [dænɪn]; jar → [dao]; chase → [deɪs]; moon → [mun]; me → [mi].

A. [m,n,p,b,t,d,s,w,i,ɪ,eɪ,æ,a,ɑ,o,oʊ,ʊ,u]

B. [m,n,p,b,t,s,i,ɪ,eɪ,æ,a,ɑ,oʊ,ʊ,u]

C. [m,n,ŋ,p,b,t,d,k,g,f,s,ʧ,ʤ,l,ɹ,i,ɪ,eɪ,æ,a,ɑ,oʊ,ʊ,u]

D. [m,n,p,b,t,d,s,w]

The main idea is to identify every phoneme that appears across all the given pronunciations—the complete phoneme inventory used in this set. By inspecting the transcriptions, the consonants that show up are m, n, p, b, t, d, s, and w. The vowels present include i, ɪ, eɪ, æ, a, ɑ, o, oʊ, ʊ, and u. Put together, these symbols form the full set: [m,n,p,b,t,d,s,w,i,ɪ,eɪ,æ,a,ɑ,o,oʊ,ʊ,u], which is the first option. The other options either miss some symbols (for example, leaving out w or omitting certain vowels) or include phonemes not actually used here (such as k, g, f, ʧ, ʤ, ŋ, l, ɹ). That's why they don't accurately reflect the phonetic repertoire shown by the given words.

4. Which of the following words violates the sonority sequencing principle?

A. spot

B. sweep

C. brown

D. past

The main idea here is the Sonority Sequencing Principle: within a syllable, sounds should rise in sonority toward the vowel in the onset, and fall away from the vowel in the coda. Sonority estimates from lowest to highest roughly go stops, then fricatives, then nasals, then approximants (glides and vowels are the most sonorous). In the onset of the word with the cluster sp, the first sound is s, a fricative, and the second is p, a stop. Since a fricative has more sonority than a stop, the sequence from the onset toward the vowel actually decreases in sonority, which breaks the pattern the principle expects. That's why it violates the rule. The other words fit the pattern: sweep has an onset sw where a fricative is followed by an approximant, rising in sonority toward the vowel; brown has an onset br where a stop is followed by an approximant, also rising toward the vowel; past has a simple onset and a coda st where the sonority falls away from the vowel, which is allowed.

5. Which framework emphasizes functioning, activity, participation, and environmental factors in evaluating a speech-language impairment?

A. ICF approach (International Classification of Functioning, Disability, and Health)

B. Medical approach

C. Norm-referenced approach

D. Predictive assessment approach

The main concept tested is that the ICF framework emphasizes functioning, activity, participation, and environmental factors when evaluating a speech-language impairment. It views disability as the outcome of the interaction between health conditions and the contexts in which people live. In practice, this means looking beyond the impairment itself to consider what the person can do (activities), how they participate in daily life (participation), and how environmental contexts—such as classroom supports, family communication routines, or access to assistive devices—help or hinder those activities. The ICF includes body functions and structures too, but its distinctive focus is on real-world function and the impact of environmental factors. Other frameworks don't emphasize these elements in the same way. A medical approach centers on diagnosing and quantifying the impairment itself, without necessarily describing its real-life impact. Norm-referenced assessment compares performance to a normative group, focusing on scores rather than everyday functioning. Predictive assessment aims to forecast future outcomes, not primarily the interaction of functioning and environment.

6. Which option best exemplifies surface characteristics of speech in SSD?

A. Etiology of SSD

B. Underlying speech processes

C. Surface characteristics of speech

D. Genetic factors

Surface characteristics are the sounds and patterns listeners actually hear in speech—the visible output of a speech sound disorder. This includes articulation errors, substitutions, distortions, omissions, and any unusual prosody or pacing that you can perceive in connected speech. The option that names surface characteristics directly is the best example because it points to the perceptible speech signal itself, not to why the disorder occurs (etiology), the hidden mental representations or motor planning behind speech (underlying processes), or genetic influences. Those other factors describe causes or internal processes, whereas surface characteristics focus on what the speaker's actual speech sounds like.

7. Consider the sounds [f,v]. They share the same place of articulation which is which?

A. Strident

B. Interdental

C. Bilabial

D. Labiodental

Both sounds are fricatives formed by a constriction between the lower lip and the upper teeth. That place of articulation is called labiodental. The difference between them lies in voicing—f is voiceless and v is voiced—but their place of articulation is the same. The other options don't describe where the constriction occurs: interdental would involve the tongue between the teeth, bilabial would involve both lips as the contact point, and strident refers to a quality of the frication, not the location of articulation.

8. Which imaging technology was used to show that some children with SSD have undifferentiated lingual gestures?

A. Electropalatography

B. Magnetic resonance imaging

C. Ultrasound

D. Iowa Oral Performance Instrument

Visualizing where the tongue contacts the palate during speech lets us see whether tongue gestures are differentiated for different sounds. Electropalatography does this directly by using a custom palate plate embedded with electrodes that detect tongue-palate contact in real time as the child speaks. The resulting contact patterns show if the tongue makes distinct, phoneme-specific contacts or if the gestures are undifferentiated across sounds, which is something seen in some children with SSD. Magnetic resonance imaging provides detailed anatomy but isn't practical for tracking rapid, moment-to-moment tongue-palate contacts during connected speech. Ultrasound shows tongue shape and movement, mainly of the tongue surface, but not the precise contact pattern on the palate. The Iowa Oral Performance Instrument measures oral motor strength, not imaging of articulatory gestures.

9. You observe the following errors in a child's speech: "sweep" → [fip], "slip" → [fɪp]. What is the name of this error pattern?

A. Neutralization

B. Harmony

C. Coalescence

D. Simplification

Coalescence is when two adjacent sounds merge into a single sound that carries features from both. In these examples, the onset cluster at the start of sweep and slip is reduced to one consonant: the two-consonant onsets (the s- plus the following consonant) become a single fricative [f], giving forms like [fip] or [fɪp]. So the two original sounds fuse into one sound rather than one being dropped or the articulation simply neutralized. This kind of cluster-to-one-sound change is the hallmark of coalescent assimilation.

10. Children with Inconsistent Phonological Disorder produce difficult words differently each time they attempt the word. This pattern suggests a problem with which underlying speech process?

A. Phonological processing

B. Phonological planning

C. Motor planning

D. Speech perception

This pattern points to a problem at the level of phonological planning—the stage where the intended sequence of sounds for a word is organized before any articulation takes place. When phonological planning is unstable, a child may generate different phoneme strings for the same target word on different attempts, leading to inconsistent pronunciations even though their articulatory muscles can move in a typical way. The issue isn't primarily about moving the lips and tongue (motor planning) or about understanding or processing sounds (speech perception or broader phonological processing); it's about how stable and organized the planned phoneme sequence is before actual speech.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://compphoneticsphonology.examzify.com

We wish you the very best on your exam journey. You've got this!