

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

Study Guide



Everything you need from our exam experts!

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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

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1. Which pair describes the two proposed SSD subtypes that has been debated in the literature?
 - A. Phonetic disorders versus phonemic disorder
 - B. Phonological processing versus lexical semantics
 - C. Motor planning versus phonological planning
 - D. Prosodic errors versus segmental errors

2. Maximum performance tasks include measures of maximum phonation duration and maximum repetition rates. These tasks help the SLP to determine if the child presents with which of the following impairments?
 - A. Verbal dyspraxia
 - B. Ankyloglossia
 - C. Submucous cleft
 - D. Oral dyspraxia

3. Which is an example of stimulus generalization when teaching /f/ within a fricative stopping program? After the spring break,...
 - A. The child correctly articulates 'feather, field, knife, coffee' on a generalization probe.
 - B. The child's mother reports that he said 'I found five eggs' correctly during a party at home.
 - C. The SLP notices that the child is now producing /v/ sounds correctly some of the time.
 - D. The SLP notices that the child is stimulable for /ʃ/ whereas he could not imitate this sound previously.

4. Four different children produce the word "elephant" three times with the results as shown below. Which child is most likely to have Inconsistent Phonological Disorder?
 - A. "elephant" → [ɛwəpʌnt]; "elephant" → [ɛləfʌnt]; "elephant" → [ɛwəfʌnt]
 - B. "elephant" → [lɛləp]; "elephant" → [lɔlipʌnt]; "elephant" → [lɔlipɔp]
 - C. "elephant" → [ɛwəfʌnt]; "elephant" → [ɛləfʌnt]; "elephant" → [ɛwəfʌnt]
 - D. "elephant" → [ɛwəpʌt]; "elephant" → [ɛwəpʌt]; "elephant" → [ɛwəpʌt]

- 5. Velar fronting and cluster reduction should be suppressed before what age?**
- A. 3 years**
 - B. 4 years**
 - C. 5 years**
 - D. 6 years**
- 6. Which of the following is an example of a percentile rank used in the context of SSD assessment?**
- A. A z-score of -2.0**
 - B. A standard score of 100**
 - C. A percentile rank of 12**
 - D. A raw score of 23**
- 7. Which term describes omission of a sound in fluent speech?**
- A. Epenthesis**
 - B. Elision**
 - C. Assimilation**
 - D. Cluster reduction**
- 8. Name two English vowels that are typically tense.**
- A. /ɪ/ and /æ/**
 - B. /i:/ and /u:/**
 - C. /ə/ and /ʌ/**
 - D. /eɪ/ and /oʊ/**
- 9. Which term describes the core vowel portion of a syllable?**
- A. Onset**
 - B. Nucleus**
 - C. Coda**
 - D. Rime**

- 10. Which approach relies on normative data to guide intervention decisions, rather than functional outcomes?**
- A. ICF approach (International Classification of Functioning, Disability, and Health)**
 - B. Norm-referenced approach**
 - C. Medical approach**
 - D. Predictive Assessment Approach**

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Answers

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

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Explanations

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1. Which pair describes the two proposed SSD subtypes that has been debated in the literature?

- A. Phonetic disorders versus phonemic disorder**
- B. Phonological processing versus lexical semantics**
- C. Motor planning versus phonological planning**
- D. Prosodic errors versus segmental errors**

This item tests the distinction between articulation-based and phonological-based explanations of speech sound disorders. The pair that best fits this debate is phonetic disorders versus phonemic disorders. Phonetic disorders describe trouble with the physical production of sounds—the motor side of speech—where the listener can often detect the intended sounds but cannot articulate them clearly due to motor execution limitations. Phonemic disorders involve the brain’s representation of sound contrast and the rules for using phonemes in language; the issue lies in how sound patterns are organized and applied, not in the sheer motor ability to produce sounds. This classic split has been a central topic of discussion because it shapes how clinicians diagnose and treat SSD: is the goal to improve articulation accuracy through motor practice, or to remap or reinforce phonological contrasts and underlying representations? Other options mix different domains that aren’t the main contested dichotomy in SSD literature. For instance, pairing processing with semantics shifts toward language comprehension rather than production and phonology; contrasting motor planning with phonological planning touches on planning stages rather than the fundamental distinction between articulatory execution and phonological representation; and prosodic versus segmental errors describes different types of errors (intonation and rhythm vs. individual sounds) rather than the core articulation-vs-phonology debate.

2. Maximum performance tasks include measures of maximum phonation duration and maximum repetition rates. These tasks help the SLP to determine if the child presents with which of the following impairments?

- A. Verbal dyspraxia**
- B. Ankyloglossia**
- C. Submucous cleft**
- D. Oral dyspraxia**

These tasks target motor speech planning and coordination for speech movements. Maximum phonation duration checks how well the laryngeal system can sustain voice, while maximum repetition rates (diadochokinetic tasks) test how quickly and accurately the articulators (lips, tongue, jaw) can sequence rapid movements. When a child has verbal dyspraxia, the core difficulty is planning and programming the precise sequence of articulatory movements needed for speech, especially in rapid or complex sequences. This shows up as slower, more variable, and less accurate performance on rapid syllable repetition tasks, indicating a breakdown in motor planning for speech rather than a purely structural limitation. Ankyloglossia would constrain tongue movement due to a physical tether, not primarily reflect planning of speech sequences. Submucous cleft affects resonance and velopharyngeal function, which alters nasal emission or hypernasality rather than the ability to plan and execute rapidly coordinated speech movements. Oral dyspraxia refers to a similar planning issue, but the assessment focus here aligns with verbal dyspraxia (apraxia of speech), which is diagnosed based on impaired motor planning for speech sequences demonstrated by these kinds of measures.

3. Which is an example of stimulus generalization when teaching /f/ within a fricative stopping program? After the spring break,...

A. The child correctly articulates 'feather, field, knife, coffee' on a generalization probe.

B. The child's mother reports that he said 'I found five eggs' correctly during a party at home.

C. The SLP notices that the child is now producing /v/ sounds correctly some of the time.

D. The SLP notices that the child is stimulable for /ʃ/ whereas he could not imitate this sound previously.

Stimulus generalization happens when a newly learned speech sound is produced correctly in new words or contexts that weren't part of the training. Here, the child says /f/ correctly in feather, field, knife, and coffee on a generalization probe—words not necessarily used during the direct teaching. That demonstrates the /f/ pattern learned in therapy is now extending to untrained contexts and different phonetic environments, which is exactly what generalization looks like. The other options don't show this pattern as clearly. A home report can reflect real-world use but isn't a formal generalization probe across varied contexts. Producing /v/ correctly involves a different sound, not the generalization of /f/. Becoming stimulable for /ʃ/ indicates readiness to imitate that sound, not that /f/ has generalized to new contexts.

4. Four different children produce the word "elephant" three times with the results as shown below. Which child is most likely to have Inconsistent Phonological Disorder?

A. "elephant" → [ɛwəpʌnt]; "elephant" → [ɛləfʌnt]; "elephant" → [ɛwəfʌnt]

B. "elephant" → [lɛləp]; "elephant" → [lɔlipʌnt]; "elephant" → [lɔlipɔp]

C. "elephant" → [ɛwəfʌnt]; "elephant" → [ɛləfʌnt]; "elephant" → [ɛwəfʌnt]

D. "elephant" → [ɛwəpʌt]; "elephant" → [ɛwəpʌt]; "elephant" → [ɛwəpʌt]

Inconsistent Phonological Disorder shows up when a child's productions of the same word vary widely across attempts, with no single, repeatable error pattern. Here, the productions of elephant differ in multiple places across the three attempts, not just in one small way but in several segments of the word. One trial ends with a simple final consonant like p, another with a final cluster like nt, and another with a different ending altogether; the middle portions and sometimes the onset shift as well. This lack of a stable substitution or simplification across attempts is exactly how IPD presents: the child isn't applying one consistent phonological rule, but displays multiple, inconsistent patterns. Other children tend to show more uniformity (either the same wrong sound repeated, or a consistent type of simplification or substitution across all attempts), which points away from IPD.

5. Velar fronting and cluster reduction should be suppressed before what age?

- A. 3 years
- B. 4 years**
- C. 5 years
- D. 6 years

This item tests when two common developmental phonological patterns are expected to be suppressed. Velar fronting happens when a child substitutes velar sounds like /k/ and /g/ with alveolar sounds such as /t/ and /d/ before vowels. Cluster reduction is when a child simplifies consonant clusters, producing forms like “poon” for “spoon” or “bu” for “blue.” Both patterns are typical early stages of phonological development, but they usually fade as a child gains more precise articulatory control and phonological knowledge. In typical development, these processes are suppressed by the end of the preschool years, so that children begin producing velars and consonant clusters in adult-like ways. If these patterns persist beyond that period, it can indicate a phonological delay or disorder and may warrant assessment. So the best choice is the one that reflects suppression by the end of the preschool years. The other options imply earlier or later timelines than is commonly expected, which is less accurate for these two processes.

6. Which of the following is an example of a percentile rank used in the context of SSD assessment?

- A. A z-score of -2.0
- B. A standard score of 100
- C. A percentile rank of 12**
- D. A raw score of 23

Percentile ranks express where a score sits relative to a normative group, showing the percentage of peers scoring below that point. In SSD assessment, clinicians often use them to interpret how a child's performance compares to typical development. A percentile rank of 12 means the child performed better than only 12 percent of children in the reference sample, placing them in the lower portion of the distribution. This direct percentile-based interpretation is what percentile ranks provide. The other options reflect different kinds of reporting: a z-score of -2.0 indicates how far the score is from the mean in standard deviation units, not a percentile; a standard score of 100 is a normalized score with a fixed mean and SD, not a percentile; and a raw score of 23 is just the raw count of correct items, without reference to how it ranks among peers.

7. Which term describes omission of a sound in fluent speech?

- A. Epenthesis
- B. Elision**
- C. Assimilation
- D. Cluster reduction

Elision is the omission of a sound in fluent speech. In natural talking, speakers often skip sounds to speak more quickly or smoothly, especially across word boundaries or in rapid delivery. A simple example is dropping a final consonant in a word when followed by another word, so “next door” might sound like “nex door.” Another common case is dropping a vowel within a word in casual speech, so a word like “camera” can come out as “camra.” Because elision explicitly describes the removal or deletion of a sound, it’s the best match for “omission of a sound in fluent speech.” Epenthesis would be adding a sound, assimilation involves a sound changing to become more like a neighbor, and cluster reduction refers to dropping a sound specifically within a consonant cluster rather than general deletion.

8. Name two English vowels that are typically tense.

- A. /ɪ/ and /æ/
- B. /i:/ and /u:/**
- C. /ə/ and /ʌ/
- D. /eɪ/ and /oʊ/

Tenseness of vowels in English refers to vowels produced with greater muscular tension and typically longer duration. The two vowels that are classically described as tense are the long high vowels /i:/ and /u:/ (as in beat and boot). These vowels are held longer and require more tongue and jaw tension than their lax counterparts, which is why they’re grouped as tense. The other options involve vowels that are either lax (short and less tense), like /ɪ/ and /æ/, or central vowels /ə/ and /ʌ/ that aren’t characterized as tense in this framework. The pair /eɪ/ and /oʊ/ are diphthongs, which are glide vowels formed by movement from one position to another; they aren’t typically labeled as the simple tense category in basic vowel-height/tour distinctions. So, the best answer is the long versions /i:/ and /u:/.

9. Which term describes the core vowel portion of a syllable?

- A. Onset
- B. Nucleus**
- C. Coda
- D. Rime

The central vowel sound of a syllable is called the nucleus. In syllable structure, a syllable is typically analyzed as onset + nucleus + coda. The nucleus carries the vowel, is usually the most sonorous part, and defines the core of the syllable. The rime, which describes the vowel plus any following consonants, includes the nucleus and the coda, while the onset consists of the consonants before the vowel. Because the nucleus specifically refers to the central vowel portion, it is the term that best describes the core vowel of a syllable.

10. Which approach relies on normative data to guide intervention decisions, rather than functional outcomes?

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

B. Norm-referenced approach

C. Medical approach

D. Predictive Assessment Approach

Relying on normative data means decisions about intervention are driven by how a person's performance compares to a large, representative sample, rather than by how they function in real life. In a norm-referenced approach, standardized scores or percentile ranks determine whether intervention is indicated, based on where the individual falls relative to peers. This emphasizes comparison to norms over measuring everyday functioning or participation in daily activities. For example, if a child scores below the typical range on a language test, the norm-referenced approach would flag the need for intervention based on that comparison, even if the child's day-to-day communication works reasonably well in certain contexts. By contrast, frameworks like the ICF focus on actual functioning and participation in real-life contexts; medical approaches center on diagnosing or treating a condition; predictive assessment looks at forecasting future status, often using patterns from data, but not primarily driven by normative comparisons.

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!

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