

DEVELOPMENTAL SPEECH DISORDERS (DSD) EXAM 2 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 of the following is a list of common English phonological processes observed in preschoolers?**
 - A. Voicing all vowels, random syllable repetition, neonate speech, and whispering.
 - B. Echoic memory, semantic drift, lexical access, and prosody.
 - C. Final consonant deletion, cluster reduction, stopping, fronting, and gliding.
 - D. Syllable counting, non-speech lip movements, stuttering.
- 2. In PWV analyses, which pair is used to separate typical phonological processes from a speech sound disorder?**
 - A. A consistent phonological disorder; no phonological disorder
 - B. An articulation disorder; a phonological disorder
 - C. An inconsistent phonological disorder; a consistent phonological disorder
 - D. Typical phonological processes; a speech sound disorder
- 3. What is the role of speech perception testing in SSD assessment?**
 - A. Perception testing is always required for articulation errors.
 - B. Perception testing is primarily used to measure voice quality.
 - C. Perception testing helps identify potential speech-sound representation difficulties and informs differential diagnosis, but isn't always necessary for articulation errors.
 - D. Perception testing replaces articulation testing.
- 4. What is stimulability testing and how does it influence therapy planning?**
 - A. Stimulability checks whether a child can produce a misarticulated sound with prompting; highly stimutable sounds may respond to short-term therapy.
 - B. Stimulability tests long-term motor development.
 - C. Stimulability is used to measure IQ.
 - D. Stimulability assesses hearing thresholds.
- 5. In Robbie's sample, which phonetic form corresponds to the word for 'daddy'?**
 - A. [m mi]
 - B. [dæ.i]
 - C. [ta]
 - D. [be bi]

- 6. Which practice type involves one target practiced in one phase, then another practiced in the next phase?**
- A. Constant practice
 - B. Variable practice
 - C. Blocked practice
 - D. Random practice
- 7. The clinician uses a method involving training articulator placement and production manner to modify a target sound. Which method is this?**
- A. Auditory stimulation/imitation method
 - B. Facilitating contexts method
 - C. Ear training method
 - D. Sound modification method
- 8. How is stimulability tested and how does it inform the selection of targets?**
- A. Present misarticulated sounds with prompts to assess producibility; stimuable sounds may be targeted earlier, non-stimuable sounds may require longer-term planning.
 - B. Stimulability tests are not useful.
 - C. Only test non-stimuable sounds first.
 - D. Stimulability is determined by parental report.
- 9. Which should be considered for children with severe speech problems or a family history of reading difficulties?**
- A. additional screening or testing in phonological and phonemic awareness
 - B. additional testing for a reading disability or disorder
 - C. additional testing for an articulation disorder
 - D. additional testing for a motor speech disorder
- 10. What is dynamic assessment and how does it inform SSD evaluation?**
- A. Dynamic assessment is a fixed skill measurement with no prompts.
 - B. Dynamic assessment evaluates learning potential by providing prompts and scaffolding to see how easily a child can learn a new sound.
 - C. Dynamic assessment only tests for hearing.
 - D. Dynamic assessment measures vocabulary growth.

Answers

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

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Explanations

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1. Which of the following is a list of common English phonological processes observed in preschoolers?

- A. Voicing all vowels, random syllable repetition, neonate speech, and whispering.
- B. Echoic memory, semantic drift, lexical access, and prosody.
- C. Final consonant deletion, cluster reduction, stopping, fronting, and gliding.**
- D. Syllable counting, non-speech lip movements, stuttering.

In preschoolers, speech often shows specific simplifications known as phonological processes. The list here captures the common ones: final consonant deletion, where the last sound is dropped (dog becomes do); cluster reduction, where multiple consonants in a row are simplified (spoon becomes poon, stop becomes top); stopping, where a fricative or affricate is replaced by a stop (fish becomes pish, sun becomes tun); fronting, where velars like /k/ and /g/ are replaced with alveolar sounds (go becomes do, cat becomes tat); and gliding, where liquids /l/ or /r/ are replaced by glides like /w/ or /j/ (look becomes wook, rain becomes wain). These patterns are typical parts of early speech development and often resolve with time as motor planning and phoneme awareness mature. The other options mix aspects that aren't phonological processes (such as cognitive or memory terms) or non-speech behaviors, so they don't reflect the usual patterns you'd expect in preschoolers' speech development.

2. In PWV analyses, which pair is used to separate typical phonological processes from a speech sound disorder?

- A. A consistent phonological disorder; no phonological disorder
- B. An articulation disorder; a phonological disorder**
- C. An inconsistent phonological disorder; a consistent phonological disorder
- D. Typical phonological processes; a speech sound disorder

PWV analyses separate motor-based articulation errors from linguistic-based phonological errors to distinguish typical development from a speech sound disorder. When errors arise from difficulty in producing specific sounds due to motor constraints, that points to an articulation disorder. When errors reflect patterns in how sounds are organized and used in the language—systematic simplifications or substitutions across many sounds—that indicates a phonological disorder. This distinction helps clinicians determine whether a child's difficulties fall within typical phonological development or represent a true speech sound disorder requiring targeted intervention. The pairing of articulation disorder with phonological disorder captures the two primary sources of speech-sound error that PWV analyses aim to separate. The other options either focus on consistency without addressing motor versus linguistic bases or blend typical processes with a disorder in a way that doesn't isolate the underlying issue.

3. What is the role of speech perception testing in SSD assessment?

- A. Perception testing is always required for articulation errors.
- B. Perception testing is primarily used to measure voice quality.
- C. Perception testing helps identify potential speech-sound representation difficulties and informs differential diagnosis, but isn't always necessary for articulation errors.**
- D. Perception testing replaces articulation testing.

Perception testing in SSD assessment looks at how a child hears and distinguishes speech sounds, revealing how well their speech-sound representations are formed. This helps clinicians spot potential perceptual or phonological-representation difficulties that could contribute to production errors and assists in differential diagnosis—such as deciding whether the issue is primarily motor/articulation, a perceptual/phonological processing matter, or a mix. If perception is generally intact, articulation errors may reflect motor planning or execution difficulties, and intervention can focus on production targets. Perception testing does not replace articulation testing; it complements it and isn't always necessary for every articulation error. It can also inform prognosis and help tailor therapy to contrasts the child has trouble perceiving.

4. What is stimulability testing and how does it influence therapy planning?

- A. Stimulability checks whether a child can produce a misarticulated sound with prompting; highly stimutable sounds may respond to short-term therapy.**
- B. Stimulability tests long-term motor development.
- C. Stimulability is used to measure IQ.
- D. Stimulability assesses hearing thresholds.

Stimulability testing asks whether a child can produce a misarticulated sound with cues or prompting during assessment. This helps plan therapy because sounds that are highly stimutable are more likely to be learned quickly with targeted practice, so clinicians often start with those targets to build quick gains, set clear short-term goals, and shape the treatment approach and frequency. If a sound isn't stimutable, it may require more intensive work, different cueing strategies, or waiting to recheck later to see if the child starts to produce it with prompts. Overall, stimulability informs which sounds to target first and how to structure therapy, rather than measuring long-term development, IQ, or hearing thresholds.

5. In Robbie's sample, which phonetic form corresponds to the word for 'daddy'?

- A. [m mi]
- B. [dæ.i]**
- C. [ta]
- D. [be bi]

The form [dæ.i] best matches the word for "daddy" because it reflects a two-syllable shape with a starting d sound and a front-vowel pattern typical of how a young child says dad-like words. The first syllable uses /d/ + /æ/ (the short "a" as in dad), and the second syllable uses /i/ (the "ee" sound), capturing the common child simplification of saying something like da-dee or da-ee for daddy. The other options correspond to different words or single-syllable forms: [m mi] would be mommy/mama, [ta] is a single syllable not matching the two-syllable daddy, and [be bi] is baby.

6. Which practice type involves one target practiced in one phase, then another practiced in the next phase?

- A. Constant practice
- B. Variable practice
- C. Blocked practice**
- D. Random practice

How practice is organized by task affects learning. The approach described—focusing on one target in each phase, then moving to a different target in the next phase—is blocked practice. In blocked practice, you drill a single target within a block, which helps stabilize and fluently perform that target before switching to the next one. This yields strong performance within each block during practice but may reduce flexibility when facing varied or unpredictable situations. For contrast, constant practice repeats the same target under the same conditions throughout, variable practice mixes different conditions within a task, and random practice interleaves different targets to boost adaptability.

7. The clinician uses a method involving training articulator placement and production manner to modify a target sound. Which method is this?

- A. Auditory stimulation/imitation method
- B. Facilitating contexts method
- C. Ear training method
- D. Sound modification method**

Training articulator placement and production manner to modify a target sound is about shaping the actual motor gestures used to say the sound. It treats speech sounds as movable patterns of the tongue, lips, jaw, and air flow, and the therapist guides you to adjust where the articulators go and how the air is released so the target sound can be produced more accurately. You might use visual cues, mirrors, tactile feedback, or hands-on guidance to help you feel the correct placement and the appropriate way to voice, stop, or continue the sound. The process usually moves from simple, isolated practice to contexts like syllables and words, then into connected speech, reinforcing the new articulation until it becomes more natural. This approach is distinct from auditory stimulation/imitation, which focuses on listening and repeating or matching auditory models rather than explicitly shaping articulatory movements. It's also different from the facilitating contexts method, which relies on placing the target sound in specific phonetic environments to make production easier but doesn't necessarily involve direct motor shaping. And it differs from ear training, which emphasizes improving the perception and discrimination of sounds rather than altering how the sound is produced.

8. How is stimulability tested and how does it inform the selection of targets?

- A. Present misarticulated sounds with prompts to assess producibility; stimuable sounds may be targeted earlier, non-stimuable sounds may require longer-term planning.**
- B. Stimulability tests are not useful.
- C. Only test non-stimuable sounds first.
- D. Stimulability is determined by parental report.

Stimulability testing checks whether a child can produce a misarticulated sound correctly when given prompts or cues. If the child can produce the sound with minimal coaching, that sound is considered stimuable, and it's often chosen as a target early in therapy because these sounds are more likely to be learned quickly and to generalize to new contexts. Non-stimuable sounds, which the child cannot produce even with prompts, usually require more planning and possibly more intensive treatment, and may be addressed after building progress with stimuable targets. Parental reports aren't how stimulability is determined; clinicians rely on elicited production with cues to decide which sounds to target.

9. Which should be considered for children with severe speech problems or a family history of reading difficulties?

- A. additional screening or testing in phonological and phonemic awareness**
- B. additional testing for a reading disability or disorder
- C. additional testing for an articulation disorder
- D. additional testing for a motor speech disorder

The key idea is that reading success relies heavily on phonological processing—the ability to hear, identify, and manipulate sounds in language. For children with severe speech problems or a family history of reading difficulties, screening for phonological and phonemic awareness helps identify those at risk for later reading disability before it fully manifests, so targeted support can start early. Tasks that probe blending, segmenting, and recognizing sounds tap the abilities most predictive of decoding skills, making this screening the most informative first step. Testing for articulation or motor speech disorders focuses on how speech is produced, not on the underlying skills that predict reading success, so they don't directly indicate risk for reading difficulties. Testing for a reading disability would be useful, but screening phonological and phonemic awareness specifically signals risk and guides early intervention.

10. What is dynamic assessment and how does it inform SSD evaluation?

- A. Dynamic assessment is a fixed skill measurement with no prompts.
- B. Dynamic assessment evaluates learning potential by providing prompts and scaffolding to see how easily a child can learn a new sound.**
- C. Dynamic assessment only tests for hearing.
- D. Dynamic assessment measures vocabulary growth.

Dynamic assessment focuses on learning potential by providing prompts and scaffolding to see how readily a child can learn a new sound. In SSD evaluation, this approach reveals how much support the child needs and how responsive they are to teaching, which helps predict how well they might progress with therapy and which cueing strategies or targets are likely to be most effective. It complements static tests by showing the child's capacity to improve with guided instruction, rather than just their current performance. The other options don't fit dynamic assessment because one describes a fixed skill measurement with no prompts, another suggests it only tests hearing, and another implies it measures vocabulary growth. Dynamic assessment specifically centers on learning with support, not on static ability, hearing screening, or vocabulary alone.

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://dsd2.examzify.com>

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

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