

DHA Speech Therapist 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. At which age is spontaneous recovery from a phonological disorder considered rare?**
 - A. 4 years**
 - B. 6 years**
 - C. 8 years**
 - D. 10 years**
- 2. What decibel range does a mild (bilateral) hearing loss fall within?**
 - A. 0 to 25 dB**
 - B. 26 to 40 dB**
 - C. 41 to 55 dB**
 - D. 56 to 70 dB**
- 3. What is a common sign of autism spectrum disorder?**
 - A. Excessive vocabulary use**
 - B. Delayed language development**
 - C. Advanced understanding of grammar**
 - D. Fluent speech**
- 4. What age group does Special Education serve according to the Individuals with Disabilities Education Improvement Act?**
 - A. 0-3 years**
 - B. 3-22 years**
 - C. 22-30 years**
 - D. 30-40 years**
- 5. The main difference between a hearing screening and a hearing evaluation is that hearing screenings are intended to do what?**
 - A. Assess language skills**
 - B. Measure sound sensitivity**
 - C. Detect a hearing problem**
 - D. Evaluate auditory processing**

6. The science of heredity and variation in living organisms is called?

- A. Biology**
- B. Genetics**
- C. Ecology**
- D. Evolution**

7. What is a key prerequisite for effective observation in the counseling process?

- A. Focus on client outcomes**
- B. Awareness**
- C. Professional training**
- D. Technical skills**

8. What part of the nerve cell is covered by myelin sheaths?

- A. Dendrites**
- B. Soma**
- C. Axon**
- D. Synapse**

9. What is receptive language use primarily associated with?

- A. Constructing sentences**
- B. Comprehending words and/or sentences**
- C. Expressing thoughts verbally**
- D. Writing coherent paragraphs**

10. Selective mutism is also known as what?

- A. Involuntary mutism**
- B. Elective mutism**
- C. Social anxiety disorder**
- D. Behavioral mutism**

Answers

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

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Explanations

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1. At which age is spontaneous recovery from a phonological disorder considered rare?

- A. 4 years**
- B. 6 years**
- C. 8 years**
- D. 10 years**

Spontaneous recovery from a phonological disorder is generally observed in younger children, particularly those under the age of 6. As children age, their language development becomes more complex, and the likelihood of naturally resolving phonological disorders without intervention decreases. By the age of 8, the majority of phonological processes that are common in younger children should have resolved, if they were going to resolve on their own. At this age, children are typically expected to articulate speech sounds correctly and exhibit more advanced language skills. Thus, spontaneous recovery becomes rare by this age, as persistent phonological disorders may indicate the need for targeted speech therapy to address underlying issues. As children approach and reach the age of 10, the complexity of language and communication skills increases further, making spontaneous recovery even less likely. Therefore, the assertion that spontaneous recovery is considered rare by the age of 8 is well-founded in developmental milestones in speech and language.

2. What decibel range does a mild (bilateral) hearing loss fall within?

- A. 0 to 25 dB**
- B. 26 to 40 dB**
- C. 41 to 55 dB**
- D. 56 to 70 dB**

A mild (bilateral) hearing loss typically falls within the decibel range of 26 to 40 dB. This classification indicates that a person with mild hearing loss may have difficulty hearing soft sounds and might experience challenges in understanding speech, especially in noisy environments. Individuals in this range can usually hear normal conversational speech but may require clearer articulation or additional auditory support. In contrast, the other ranges mentioned pertain to different levels of hearing loss. For example, 0 to 25 dB represents normal hearing; individuals in this range generally have no difficulty hearing everyday sounds. The range from 41 to 55 dB indicates moderate hearing loss, where patients may struggle significantly with soft sounds and need more support. Lastly, 56 to 70 dB represents moderate to severe hearing loss, which involves more pronounced difficulties in hearing conversations without amplification. Understanding these ranges helps in the assessment and management of hearing abilities in individuals, guiding appropriate interventions and support mechanisms.

3. What is a common sign of autism spectrum disorder?

- A. Excessive vocabulary use**
- B. Delayed language development**
- C. Advanced understanding of grammar**
- D. Fluent speech**

Delayed language development is a common sign of autism spectrum disorder (ASD) because many individuals with ASD experience difficulties in acquiring language skills at the same pace as their peers. This can manifest as a lack of verbal communication or a slower rate of speech development, with some children exhibiting little or no speech during early childhood. In contrast, excessive vocabulary use, advanced understanding of grammar, and fluent speech are generally not indicative of autism. While some individuals on the spectrum may develop advanced language skills later on, many struggle significantly with the social aspects of communication, including the pragmatic use of language, which is crucial for effective interaction. Delayed language development is more aligned with the characteristics often observed in children diagnosed with ASD.

4. What age group does Special Education serve according to the Individuals with Disabilities Education Improvement Act?

- A. 0-3 years**
- B. 3-22 years**
- C. 22-30 years**
- D. 30-40 years**

The Individuals with Disabilities Education Improvement Act (IDEA) outlines that special education services are provided to children and youth from ages 3 to 22. This range is established to ensure that children who require special education due to disabilities receive appropriate educational support throughout their formative years, beginning when they reach the age of eligibility, which is typically 3 years old. Services continue until age 22, or until they complete their education, which ensures that individuals can access the necessary resources and support throughout their school years, effectively addressing their unique learning needs and fostering successful development. The other age ranges presented do not align with the provisions set forth by IDEA; therefore, they do not reflect the comprehensive coverage that is intended for special education services.

5. The main difference between a hearing screening and a hearing evaluation is that hearing screenings are intended to do what?

- A. Assess language skills**
- B. Measure sound sensitivity**
- C. Detect a hearing problem**
- D. Evaluate auditory processing**

Hearing screenings are designed primarily to detect a potential hearing problem rather than to provide a comprehensive assessment of hearing abilities. Their goal is to identify individuals who may need further evaluation due to possible hearing loss or other auditory issues. Screenings are typically quick and basic tests that can indicate whether a more thorough evaluation is necessary. In contrast, options like assessing language skills or evaluating auditory processing go beyond the scope of what a hearing screening is intended to accomplish. These processes require more detailed testing and analysis, which are part of comprehensive hearing evaluations rather than simple screenings. Similarly, measuring sound sensitivity is a more specific aspect of auditory testing that is not the main focus of a hearing screening; screenings are aimed at quickly identifying those who may have hearing issues, not at quantifying the severity of the hearing impairment.

6. The science of heredity and variation in living organisms is called?

- A. Biology**
- B. Genetics**
- C. Ecology**
- D. Evolution**

The science of heredity and variation in living organisms is known as genetics. This field focuses on understanding how traits are passed down from one generation to the next through genes. Genetics examines the molecular structure and function of genes, the mechanisms of genetic inheritance, and variations in traits among individuals within a species. It provides insights into how organisms develop and how certain characteristics can be influenced by both genetic and environmental factors. Biology, while closely related to genetics, is a broader field that encompasses the study of all living organisms, their structures, functions, growth, and interactions. Ecology, on the other hand, specifically studies the relationships between organisms and their environment, rather than heredity. Evolution deals with the processes that lead to the development of new species and changes in populations over time but does not directly define the mechanisms of heredity and variation, which is the core focus of genetics. Thus, genetics accurately encapsulates the study of heredity and variation in living organisms.

7. What is a key prerequisite for effective observation in the counseling process?

- A. Focus on client outcomes**
- B. Awareness**
- C. Professional training**
- D. Technical skills**

Awareness is a fundamental prerequisite for effective observation in the counseling process because it enables the therapist to be fully present and attuned to the client's verbal and non-verbal cues. This heightened state of awareness allows the therapist to understand the client's emotions, body language, and subtle indicators that may reveal deeper issues. A strong sense of awareness enhances the therapist's ability to engage with the client meaningfully, leading to more effective communication and a better understanding of the client's needs. In counseling, being aware also involves recognizing one's own biases and reactions, which can influence how observations are made and interpreted. This self-awareness helps to ensure that the therapist's insights are based on the client's experiences rather than personal perceptions, thereby creating a safe and constructive environment for the client. While aspects such as focus on client outcomes, professional training, and technical skills are indeed important components of effective practice, they cannot replace the foundational need for awareness in the initial stages of observation. Without awareness, the therapist might miss important signals or misinterpret the client's experience, limiting the effectiveness of the counseling process.

8. What part of the nerve cell is covered by myelin sheaths?

- A. Dendrites**
- B. Soma**
- C. Axon**
- D. Synapse**

The axon is the part of the nerve cell that is covered by myelin sheaths. Myelin sheaths are essential for the proper functioning of nerve cells as they provide insulation to the axon, which helps in speeding up the transmission of electrical impulses along the nerve fibers. This myelination allows for more efficient signaling, as it enables saltatory conduction, where the action potentials jump between the nodes of Ranvier, the gaps in the myelin sheath. In contrast, dendrites, which are responsible for receiving signals from other neurons, do not have myelin sheathing. The soma, or cell body, contains the nucleus and organelles but is not myelinated. The synapse, which is the junction between two nerve cells where communication occurs, also does not involve myelination. Understanding the role of myelin and where it is located on nerve cells is vital in comprehending how nervous system signaling works efficiently.

9. What is receptive language use primarily associated with?

- A. Constructing sentences
- B. Comprehending words and/or sentences**
- C. Expressing thoughts verbally
- D. Writing coherent paragraphs

Receptive language use is primarily associated with comprehending words and/or sentences. This refers to an individual's ability to understand and interpret the language they hear or read. It encompasses the processes involved in decoding spoken or written language, which allows a person to make sense of what is being communicated to them. For example, when a child listens to a story and is able to answer questions about it, they are demonstrating their receptive language skills. This aspect of language development is fundamental as it lays the groundwork for effective communication, enabling individuals to respond appropriately in conversations and understand various forms of language input. The other options relate more to expressive language skills. Constructing sentences is a skill tied to how one expresses their thoughts in spoken or written form. Expressing thoughts verbally directly targets the act of conveying information or emotions. Writing coherent paragraphs involves organizing thoughts in writing, which again falls under expressive language rather than the understanding of language. Hence, the correct choice emphasizes the importance of comprehension in effective communication.

10. Selective mutism is also known as what?

- A. Involuntary mutism
- B. Elective mutism**
- C. Social anxiety disorder
- D. Behavioral mutism

Selective mutism is commonly referred to as elective mutism. This term reflects the nature of the condition, where an individual chooses not to speak in certain social settings despite having the ability to speak in other situations, such as at home or with familiar people. The term "elective" highlights that the mutism occurs selectively in specific circumstances, which can often be linked to anxiety and discomfort in social interactions. The condition typically manifests in children who, despite being capable of verbal communication, refrain from speaking in specific environments like school or public spaces, impacting their ability to engage socially. Understanding selective mutism as elective mutism emphasizes the behavioral aspects of the condition rather than it being purely involuntary. This distinction is important for diagnosis and treatment approaches in speech therapy and psychological support.

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://dhaspeechtherapist.examzify.com>

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

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