

MINDTAP GROWTH AND DEVELOPMENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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 statements is NOT true about child care?**
 - A. It is linked to insecure attachment especially for girls
 - B. It supports cognitive development for many children
 - C. It has no impact on social skills
 - D. It can provide opportunities to learn routines
- 2. Which sequence correctly describes the three primary stages of prenatal development and a key characteristic of each?**
 - A. Germinal stage: zygote forms and implants in the uterus; Embryonic stage: organs and major structures develop; Fetal stage: growth and maturation of organs with increasing movement and sensory development.
 - B. Germinal stage: growth and maturation of organs; Embryonic stage: zygote forms and implants; Fetal stage: formation of major portions.
 - C. Germinal stage: neural development begins; Embryonic stage: zygote forms; Fetal stage: sensors develop.
 - D. Germinal stage: quickening occurs; Embryonic stage: birth occurs; Fetal stage: gestation ends.
- 3. What is the leading preventable cause of intellectual disabilities?**
 - A. Prenatal exposure to alcohol
 - B. Malnutrition in adulthood
 - C. Lack of physical activity
 - D. Head injuries in adolescence
- 4. A student living in a negative family environment who tends to overreactive stress responses is most likely to exhibit which traits?**
 - A. Aggression.
 - B. High self-esteem.
 - C. Sociability.
 - D. Anxiety and shyness.
- 5. Children learn to regulate their emotions from caregivers who are sensitive to their emotional cues.**
 - A. Siblings and peers teach emotion regulation.
 - B. Caregivers who are sensitive to emotional cues.
 - C. Television programs teach emotion regulation.
 - D. Genetic factors only.

- 6. How do genetics and environment interact in development according to behavioral genetics?**
- A. Genetics alone determines outcomes
 - B. Both contribute; heredity estimates indicate genetic influence but environment shapes expression; gene-environment interactions and correlations contribute
 - C. Environment alone determines outcomes
 - D. Genes and environment do not interact
- 7. The development of the prefrontal cortex during early childhood primarily enables children to:**
- A. It supports behavior regulation
 - B. It supports only memory
 - C. It has no role in regulation
 - D. It is not yet developed
- 8. Which ability do infants have in the first few months of life when reading faces and tones of voice?**
- A. Understand what emotions mean.
 - B. Discern whether a positive or negative emotion is being expressed.
 - C. Respond in kind to others' emotional cues.
 - D. Recognize their own emotions similarly.
- 9. At approximately what age do children begin to distinguish intentional actions from accidental actions?**
- A. Toddlerhood
 - B. Infancy
 - C. Preschool years
 - D. Adolescence
- 10. What are typical language milestones in the first year of life?**
- A. First words typically appear around 6 months.
 - B. Receptive language is always ahead of expressive language but no word development.
 - C. Cooing and babbling do not occur in early infancy.
 - D. Cooing and babbling emerge; first words typically appear around 12 months; receptive language generally precedes expressive language.

Answers

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

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Explanations

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1. Which of the following statements is NOT true about child care?

- A. It is linked to insecure attachment especially for girls**
- B. It supports cognitive development for many children
- C. It has no impact on social skills
- D. It can provide opportunities to learn routines

Understanding how early care relates to attachment and development starts with how securely a child bonds with caregivers. When child care is high-quality and caregivers respond promptly, warmly, and consistently, children are more likely to form secure attachments, regardless of gender. The idea that child care is linked to insecure attachment especially for girls isn't supported as a general rule; attachment security hinges on the sensitivity and stability of caregiving, not on the child's gender. So this statement isn't accurate. In contrast, it's well-supported that child care can promote cognitive development for many children through exposure to enriching activities and language opportunities, and it can teach useful routines that support learning and self-regulation. It also provides chances to interact with peers, which influences social skills.

2. Which sequence correctly describes the three primary stages of prenatal development and a key characteristic of each?

- A. Germinal stage: zygote forms and implants in the uterus; Embryonic stage: organs and major structures develop; Fetal stage: growth and maturation of organs with increasing movement and sensory development.**
- B. Germinal stage: growth and maturation of organs; Embryonic stage: zygote forms and implants; Fetal stage: formation of major portions.
- C. Germinal stage: neural development begins; Embryonic stage: zygote forms; Fetal stage: sensors develop.
- D. Germinal stage: quickening occurs; Embryonic stage: birth occurs; Fetal stage: gestation ends.

Understanding the three prenatal development stages and their defining characteristics. The Germinal stage covers conception to implantation, during which the zygote forms and travels to the uterus to implant. The Embryonic stage is when organ formation occurs, with major organs and body structures beginning to develop. The Fetal stage spans from about the ninth week onward, focusing on growth and maturation of organs, along with increasingly coordinated movement and emerging sensory development. In terms of timing, this sequence runs from early cell division to implantation, then to organogenesis, and finally to continued growth and functional refinement. Other descriptions either misplace implantation, swap the timing of development, or assign features like birth or quickening to the wrong stage, which would not match how prenatal development unfolds.

3. What is the leading preventable cause of intellectual disabilities?

- A. Prenatal exposure to alcohol
- B. Malnutrition in adulthood
- C. Lack of physical activity
- D. Head injuries in adolescence

Prenatal exposure to alcohol is the leading preventable cause of intellectual disability because alcohol consumed during pregnancy can cross the placenta and disrupt the developing brain, leading to fetal alcohol spectrum disorders that include cognitive impairments. This risk is avoidable by not drinking at any point during pregnancy, making it the most impactful preventable factor. The other options don't fit as the main source: malnutrition in adulthood affects health later but not the early brain development that leads to intellectual disability; lack of physical activity influences general health rather than causing an intellectual disability; head injuries in adolescence can cause cognitive problems but do not account for the majority of intellectual disabilities that originate earlier in life.

4. A student living in a negative family environment who tends to overreactive stress responses is most likely to exhibit which traits?

- A. Aggression.
- B. High self-esteem.
- C. Sociability.
- D. Anxiety and shyness.

Exposure to a negative family environment with overreactive stress responses tends to produce heightened anxiety and social withdrawal in a student. Chronic stress and insecure attachments elevate vigilance and physiological arousal, making the student fear social evaluation and expect danger, which shows up as anxiety and shyness in new or challenging situations. While aggression can occur in some stressed youths, the pattern described here more commonly reflects internalizing symptoms rather than outward acting out. High self-esteem is unlikely when ongoing stress and negative feedback undermine confidence, and sociability is less likely because anxiety and fear of negative judgments reduce willingness to engage with others. Therefore, anxiety and shyness best fit this scenario.

5. Children learn to regulate their emotions from caregivers who are sensitive to their emotional cues.

- A. Siblings and peers teach emotion regulation.
- B. Caregivers who are sensitive to emotional cues.
- C. Television programs teach emotion regulation.
- D. Genetic factors only.

The main idea is how children learn to regulate their emotions through caregiver responsiveness. When caregivers are sensitive to a child's emotional cues, they notice when the child is upset, label the emotion, and explain what's happening in a calm, supportive way. They also model ways to cope and offer strategies the child can use, such as taking a deep breath, naming the feeling, or taking a break. This kind of responsive coaching helps the child understand emotions, recognize when they're becoming intense, and practice effective ways to manage them. Over time, the child internalizes these strategies and becomes better at regulating emotions across different situations. Siblings and peers can contribute to emotional development, but the most foundational learning typically comes from caregivers who provide consistent, sensitive guidance. Television programs might show emotion regulation, but they don't offer the real-time, contingent feedback that helps a child learn to regulate in the moment. Genetic factors influence temperament, but they don't alone explain how regulation skills are learned through social interaction.

6. How do genetics and environment interact in development according to behavioral genetics?

- A. Genetics alone determines outcomes
- B. Both contribute; heredity estimates indicate genetic influence but environment shapes expression; gene-environment interactions and correlations contribute**
- C. Environment alone determines outcomes
- D. Genes and environment do not interact

Genetics and environment work together to shape development, not in isolation. Behavioral genetics shows that while genetic differences account for a portion of why people differ, the environment also plays a crucial role by shaping how those genetic potentials are expressed. This happens through gene-environment interactions, where the effect of a gene depends on the environment, and through gene-environment correlations, where a person's genetic tendencies influence the environments they experience. For example, a genetic predisposition for high reactivity might lead to more stress in a harsh environment but not in a supportive one, illustrating an interaction; or a child with a genetic propensity for reading might be drawn to reading-rich environments that boost literacy. Therefore, development reflects both heritable influences and environmental shaping, plus their dynamic interplay. That's why this option is the best choice: it captures both contributions and the ways they influence each other.

7. The development of the prefrontal cortex during early childhood primarily enables children to:

- A. It supports behavior regulation**
- B. It supports only memory
- C. It has no role in regulation
- D. It is not yet developed

The key idea is that the prefrontal cortex matures to support behavior regulation through executive functions like impulse control, attention, and planning. As this area develops, children become better at resisting immediate temptations, following rules, and organizing steps to complete tasks. This focus on regulating actions is more central than memory alone, since memory relies on other brain regions, while the prefrontal cortex provides the control processes that guide behavior. The cortex is still developing in early childhood, but its growing capacity for self-control and goal-directed behavior is the main outcome at this stage.

8. Which ability do infants have in the first few months of life when reading faces and tones of voice?

- A. Understand what emotions mean.
- B. Discern whether a positive or negative emotion is being expressed.
- C. Respond in kind to others' emotional cues.**
- D. Recognize their own emotions similarly.

Infants are highly attuned to social cues from faces and voices, and early on their main response is to react to those emotional signals with their own behavior. This means they tend to respond in kind to others' emotional cues—smiling back when a caregiver smiles, calming or cooing in a soothing voice, or seeking closeness when tones suggest comfort or distress. This immediate, reciprocal responsiveness lays the groundwork for social interaction long before they grasp what emotions mean or can label them themselves. Understanding emotions conceptually isn't present yet, so they don't truly "know" what emotions are. They can distinguish some positive from negative cues to guide their behavior, but the core early skill is responding to those cues. And they are not recognizing their own emotions in a way that adults do.

9. At approximately what age do children begin to distinguish intentional actions from accidental actions?

- A. Toddlerhood
- B. Infancy**
- C. Preschool years
- D. Adolescence

Understanding that others act with purpose is an early aspect of social cognition. In infancy, babies start to see actions as goal-directed and can pick up on whether a movement is aimed at achieving a goal rather than being random or accidental. Around the first year, they show expectations that actions have specific goals and they react differently when an action seems intentional versus when it appears to be just a mishap. This early sensitivity to intentionality forms the foundation for later, more explicit judgments about others' intentions. So, the earliest age at which this distinction is seen is infancy, rather than later childhood or adolescence.

10. What are typical language milestones in the first year of life?

- A. First words typically appear around 6 months.
- B. Receptive language is always ahead of expressive language but no word development.
- C. Cooing and babbling do not occur in early infancy.
- D. Cooing and babbling emerge; first words typically appear around 12 months; receptive language generally precedes expressive language.**

In the first year, language develops in a predictable sequence: babies start with sounds like cooing and then progress to babbling as they practice vocalization, and by about 12 months many say their first words. Importantly, understanding language generally comes before producing it, so receptive language tends to outpace expressive language early on. This combination captures the typical pattern: cooing and babbling emerge; first words appear around 12 months; receptive language generally precedes expressive language. That makes the statement the best choice because it aligns with how infants naturally develop language: early vocal play, followed by the first spoken words around a year, with comprehension leading production. The other options overstate timing or deny typical milestones—saying first words around six months is too early, claiming there's no word development conflicts with observed progress, and denying cooing and babbling in infancy is inaccurate.

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:

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

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