NBEO Human Development Practice Exam (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

1. **Which term describes the integration of visual information with motor responses?**

   A. Visual information processing

   B. Visual motor integration

   C. Visual perception

   D. Visual attention

2. **Which of the following does NOT typically contribute to hearing loss in an elderly patient?**

   A. Deterioration of hair cells

   B. Excess deposition of bone cells which results in the fusion of the oval window and stapes

   C. Increase impactance of ear wax

   D. Sound conduction increases due to sclerosis

3. **For a normally developed ocular dominance histogram, what does Column 1 represent?**

   A. Contralateral eye only

   B. Ipsilateral eye only

   C. Equal input from both left and right eye

   D. No input

4. **Reflexes including the plantar grasp, palmar grasp, and rooting reflex should go away by which age?**

   A. 6 months

   B. 1 year old

   C. 2 years

   D. 3 years

5. **Which newborn reflex is most directly associated with feeding?**

   A. Sucking reflex

   B. Rooting reflex

   C. Palmar grasp

   D. Babinski reflex

6. Which developmental screening tool is widely used for children from birth to 6 years?

A. Denver II developmental screening test

B. MMSE

C. MOCA

D. Wernick's Developmental test

7. Which Piaget stage is characterized by the emergence of logical thought about concrete objects and events?

A. Sensorimotor

B. Pre-operational

C. Concrete Operations

D. Formal Operations

8. In language development, which term describes the ability to produce and express language?

A. Reception

B. Expression

C. Comprehension

D. Phonology

9. Fixation, saccades, and pursuits reach adult levels by approximately how many months of age?

A. 2 months

B. 4 months

C. 6 months

D. 12 months

10. Besides cataracts, which biochemical change is implicated in reduced dark adaptation in older adults?

A. Decreased rhodopsin formation

B. Decreased iodopsin formation

C. Both

D. Increased macular pigment density

Answers

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

Explanations

1. Which term describes the integration of visual information with motor responses?

A. Visual information processing

B. Visual motor integration

C. Visual perception

D. Visual attention

Visual motor integration describes the coordination of visual input with motor output, such as using sight to guide hand movements. It specifically captures how what we see is used to plan and execute actions, like reaching for, grabbing, or tracing an object while our eyes track and align with the hand. This makes it the best fit for the idea of integrating vision with movement. Other terms describe related but broader or different processes. Visual information processing refers to how visual data are interpreted and organized in the brain, not necessarily how that information guides movement. Visual perception is about recognizing and understanding visual stimuli, such as shapes and depth, rather than coordinating movement. Visual attention is about selectively focusing on certain visual stimuli, not about coupling vision to action.

2. Which of the following does NOT typically contribute to hearing loss in an elderly patient?

A. Deterioration of hair cells

B. Excess deposition of bone cells which results in the fusion of the oval window and stapes

C. Increase impactance of ear wax

D. Sound conduction increases due to sclerosis

In aging, hearing loss comes from multiple mechanisms: loss of hair cells leading to sensorineural deficits (presbycusis), conductive factors like cerumen buildup, and conditions that impair bone conduction such as otosclerosis. Deterioration of hair cells is a classic sensorineural contributor, and excessive ear wax can block sound from reaching the eardrum, causing a conductive loss. Excess bone deposition that fuses the oval window and stapes (otosclerosis) also reduces sound transmission, another conductive mechanism. The statement describing sound conduction increasing due to sclerosis does not fit these typical aging changes; sclerosis tends to stiffen the auditory bones and decrease conduction, not increase it. Therefore, that option does not describe a typical contributor to age-related hearing loss.

3. For a normally developed ocular dominance histogram, what does Column 1 represent?

A. Contralateral eye only

B. Ipsilateral eye only

C. Equal input from both left and right eye

D. No input

Ocular dominance histograms categorize neurons by which eye can drive their responses. The first column represents neurons that respond only to stimulation of the contralateral eye—the eye opposite the hemisphere being considered. This reflects how many neurons in the early visual cortex are driven exclusively by the contralateral input, with other columns accounting for neurons driven by the ipsilateral eye only or by both eyes (binocular input). So, Column 1 corresponds to contralateral-eye-only input.

4. Reflexes including the plantar grasp, palmar grasp, and rooting reflex should go away by which age?

A. 6 months

B. 1 year old

C. 2 years

D. 3 years

Primitive reflexes are automatic reactions that babies display early on and then fade as the brain matures. The rooting reflex, which makes a baby turn toward a touch on the cheek and open the mouth for feeding, typically integrates by about 3 to 4 months. The palmar grasp reflex, where the baby tightly grasps a finger placed in the palm, usually disappears around 4 to 6 months. The plantar grasp reflex, where the toes curl when the sole is touched, generally integrates later, by about 9 to 12 months. Because all three should be integrated by the end of the first year, they are expected to be gone by roughly one year of age. If any of these reflexes persist beyond their expected window, it can signal delayed neurological maturation and may warrant evaluation.

5. Which newborn reflex is most directly associated with feeding?

A. Sucking reflex

B. Rooting reflex

C. Palmar grasp

D. Babinski reflex

Feeding relies on an automatic oral action that directly enables milk intake. The sucking reflex triggers when something touches the lips or inside the mouth, producing a rhythmic sucking pattern that draws milk in. This is the most direct mechanism for feeding, since it turns the infant's oral activity into nourishment. The rooting reflex helps the baby locate the nipple by turning the head toward touch at the mouth or cheek, guiding feeding initiation, but it does not by itself create the sucking motion. Palmar grasp and Babinski reflexes are not involved in feeding. The palmar grasp is about hand grasping, and the Babinski response concerns toe movement when the sole is stroked. So, the sucking reflex is the best answer because it directly accomplishes the act of feeding.

6. Which developmental screening tool is widely used for children from birth to 6 years?

A. Denver II developmental screening test

B. MMSE

C. MOCA

D. Wernick's Developmental test

This item tests which developmental screening tool best fits children from birth to 6 years. The Denver II Developmental Screening Test is designed exactly for that age range and is widely used in pediatric practice. It screens four domains—personal-social, fine motor-adaptive, language, and gross motor—through a quick set of age-appropriate tasks. Administered in about 20–30 minutes, it provides straightforward pass/fail outcomes that flag children who may need further evaluation. Its multi-domain scope, practicality, and established norms for birth through 6 years make it the standard choice for early childhood screening. In contrast, the MMSE and MOCA are adult cognitive screens used for dementia, not preschool development, and Wernicke's Developmental Test is less commonly used today.

7. Which Piaget stage is characterized by the emergence of logical thought about concrete objects and events?

A. Sensorimotor

B. Pre-operational

C. Concrete Operations

D. Formal Operations

The idea being tested is when children begin to think logically about concrete objects and events. In the concrete operational stage, kids can perform mental operations on concrete data, showing logical thinking about real-world situations. They understand concepts like conservation (the amount stays the same despite changes in shape or arrangement), reversibility (an action can be undone in their mind), and decentration (they can consider multiple aspects of a situation rather than just a single, centered viewpoint). They can classify and seriate objects using more than one dimension and solve problems using concrete materials or examples, rather than relying on intuition or perception alone. This marks a shift from earlier stages where thinking is either non-symbolic and reflexive (sensorimotor) or symbolic but illogical and egocentric (pre-operational), to the ability to reason logically about tangible, real-world phenomena. Abstract or hypothetical reasoning, which goes beyond concrete facts, appears later in the formal operational stage.

8. In language development, which term describes the ability to produce and express language?

A. Reception

B. Expression

C. Comprehension

D. Phonology

Expression refers to the ability to produce and express language, including speaking, writing, and gesturing. This is the expressive side of language development, covering how a person conveys ideas and meaning. In contrast, receptive language is about understanding language, i.e., comprehension, and phonology deals with the sound system of language—not the overall act of producing language. So the term that best fits "the ability to produce and express language" is expression (expressive language).

9. Fixation, saccades, and pursuits reach adult levels by approximately how many months of age?

A. 2 months

B. 4 months

C. 6 months

D. 12 months

Oculomotor control reaches adult-like performance around six months because the neural systems that govern eye movements mature significantly by this age. Fixation becomes more stable, allowing the eyes to hold a stationary target with minimal drift. Saccades—the rapid eye movements used to shift gaze—become more accurate and properly scaled in amplitude and velocity, so the gaze lands on targets reliably. Smooth pursuit, the ability to steadily track a moving object, develops enough to be continuous and well-coordinated, rather than jerky or intermittent. This improvement reflects maturation of the brain networks involved in eye movement planning and control, including cortical areas, the superior colliculus, cerebellar circuits, and their connections. Earlier months show ongoing development in these systems, while by about six months they often reach adult-like levels.

10. Besides cataracts, which biochemical change is implicated in reduced dark adaptation in older adults?

A. Decreased rhodopsin formation

B. Decreased iodopsin formation

C. Both

D. Increased macular pigment density

Dark adaptation is driven by the rod system and the visual pigment rhodopsin. After light exposure, rhodopsin is bleached and must be regenerated in the dark; in older adults, this regeneration is less efficient, so fewer rhodopsin molecules are available in rods. That slower replenishment directly reduces sensitivity in low light, making dark adaptation impaired. Iodopsin forms in cones and supports color and daylight vision; its formation is not the limiting factor for adapting to darkness, so decreased iodopsin formation wouldn't explain the observed reduction in dark adaptation. Macular pigment density relates to blue-light filtering and central vision but doesn't govern the biochemical regeneration of rod photopigment, so changes there aren't the primary cause of reduced dark adaptation.

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://nbeohumandev.examzify.com

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