

NBEO HUMAN DEVELOPMENT PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 statement about the visual pathway development is true in infancy?**
 - A. Myelination is incomplete in infancy
 - B. Myelination is complete at birth
 - C. Myelination is complete by age 2
 - D. Myelination is unrelated to acuity
- 2. Which refractive amblyopia has the greatest risk of developing amblyopia?**
 - A. Isometropic hyperopia
 - B. Isometropic myopia
 - C. Anisometropic hyperopia
 - D. Anisometropic myopia
- 3. Which of the following reaches adult levels the soonest after birth?**
 - A. Contrast sensitivity
 - B. CFF
 - C. Vernier acuity
 - D. Stereopsis
- 4. For 20/20 vision in infants measured by subjective testing, what is the typical age?**
 - A. One Month Old
 - B. Six Months Old
 - C. One Year Old
 - D. Three Years Old
- 5. Coloboma results from incomplete closure of which embryologic structure?**
 - A. Embryonic fissure
 - B. Nasolacrimal groove
 - C. Optic cup
 - D. Lens placode

6. ____ is the ability to produce and organize sounds into meaningful sentences.
- A. Reception
 - B. Expression
 - C. Repetition
 - D. Narration
7. What is the most common FCPL method used in infants up to 12 months?
- A. Teller Acuity Cards
 - B. Broken Wheel Cards
 - C. Cardiff Cards
 - D. Etdrs-Type Charts
8. Which Piaget stage follows the Pre-operational stage?
- A. Sensorimotor stage
 - B. Pre-operational stage
 - C. Concrete Operations stage
 - D. Formal Operations stage
9. Color vision is usually adult like in infants by approximately which age?
- A. 1-2 months old
 - B. 3-4 months old
 - C. 6-8 months old
 - D. 12 months old
10. Which of the following is NOT considered a visual-spatial skill?
- A. Bilateral integration
 - B. Visual closure
 - C. Laterality
 - D. Directionality

Answers

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

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Explanations

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1. Which statement about the visual pathway development is true in infancy?

- A. Myelination is incomplete in infancy**
- B. Myelination is complete at birth
- C. Myelination is complete by age 2
- D. Myelination is unrelated to acuity

The main idea here is that the visual pathway keeps maturing after birth through ongoing myelination. In infancy, the optic nerve and the visual pathways are still being myelinated, so neural transmission is slower and less synchronized. This incomplete myelination helps explain why infant visual acuity is relatively poor and gradually improves as myelination progresses over the first few years. Therefore, saying that myelination is incomplete in infancy is the best answer. It isn't complete at birth, it takes longer than two years for full maturation, and myelination status does influence acuity by affecting how quickly and reliably visual signals are transmitted.

2. Which refractive amblyopia has the greatest risk of developing amblyopia?

- A. Isometropic hyperopia
- B. Isometropic myopia
- C. Anisometropic hyperopia**
- D. Anisometropic myopia

An interocular difference in refractive error (anisometropia) makes the brain favor the eye with the clearer image and suppress the other. When that difference is due to hyperopia, the blur is more pronounced and harder to overcome with accommodation, so the suppressed eye receives poor visual input during critical development. This persistent suppression leads to a higher chance of amblyopia developing in the eye with the greater hyperopic error. In isoametropia, both eyes are similarly blurred, so one eye isn't consistently suppressed, and anisometropic myopia, while risky, typically presents a smaller disparity than hyperopic anisometropia. Hence anisometropic hyperopia carries the greatest amblyopia risk.

3. Which of the following reaches adult levels the soonest after birth?

- A. Contrast sensitivity
- B. CFF**
- C. Vernier acuity
- D. Stereopsis

The main idea is that different visual functions mature at different rates after birth, with temporal processing maturing fastest. Critical flicker fusion reflects how quickly the visual system can follow changes in light over time, a function supported by early-developing retinal and magnocellular pathways. Because these pathways establish early, infants reach near-adult flicker fusion levels within the first months of life. In contrast, higher-level spatial and binocular functions—contrast sensitivity at higher spatial frequencies, Vernier (fine alignment) acuity, and stereopsis (depth from binocular disparity)—depend on more mature cortical processing and precise neural wiring, which develop more slowly. So, the earliest to reach adult levels is the ability to detect flicker at high frequencies, followed by gradual improvement in the other measures that require finer spatial detail and binocular coordination.

4. For 20/20 vision in infants measured by subjective testing, what is the typical age?

- A. One Month Old
- B. Six Months Old
- C. One Year Old

D. Three Years Old

Subjective visual acuity testing relies on the child's ability to recognize and indicate optotypes, which means they must understand the task and communicate what they see. That level of symbol recognition and verbal or pointing response typically develops around age three. Before that, infants and toddlers can't reliably perform these tasks, so acuity is usually measured with objective or preferential-looking methods. By about three years old, many children can accurately identify symbols on a chart and demonstrate 20/20 acuity when tested subjectively.

5. Coloboma results from incomplete closure of which embryologic structure?

- A. Embryonic fissure
- B. Nasolacrimal groove
- C. Optic cup
- D. Lens placode

Coloboma arises when the embryonic (optic) fissure, a ventral groove in the developing optic cup that allows retinal vessels to reach the eye, fails to close. This fissure normally fuses by about 5–7 weeks of gestation, and if closure is incomplete, a gap persists leading to coloboma. The location is typically inferonasal in the iris and can extend to other structures like the retina, choroid, or optic nerve depending on how far the fissure deforms. The nasolacrimal groove relates to tear drainage development, not the fissure that forms the eye's internal structures, so its incomplete closure would not produce a coloboma. Similarly, the optic cup and lens placode develop into different ocular tissues, and their closure issues do not produce the characteristic fissure-related defects seen in coloboma.

6. ____ is the ability to produce and organize sounds into meaningful sentences.

- A. Reception
- B. Expression
- C. Repetition
- D. Narration

Expressive language is the ability to produce and organize sounds into meaningful sentences. It involves turning thoughts into spoken words, combining them with correct grammar and syntax, and using them to convey ideas to others. Receptive language is about understanding what is heard, not producing it; repetition is simply echoing what has been heard; and narration is telling a sequence of events, a specific expressive task but not the broader skill of creating and structuring language for communication. So, the best fit is expressive language.

7. What is the most common FCPL method used in infants up to 12 months?

- A. Teller Acuity Cards
- B. Broken Wheel Cards
- C. Cardiff Cards
- D. Etdrs-Type Charts

The test idea here is measuring what an infant can see by using a forced-choice looking method. In this approach, two alternatives are presented and the infant's gaze toward the patterned target indicates detection of the pattern. The observer records which side the infant tends to look at and adjusts the pattern's fineness to find the finest stripe the infant can reliably detect. Teller Acuity Cards are designed specifically for this forced-choice preferential looking method, making them quick, straightforward to administer, and supported by extensive infant normative data. Because of their simplicity, speed, and well-established pediatric norms, they are the most commonly used FCPL method for infants up to about 12 months. Other cards exist, but they're not as standardized or practical for this age range, whereas ETDRS-style charts require letter recognition and aren't suitable for nonverbal infants, and Broken Wheel or Cardiff Cards are less universally adopted for FCPL in this population.

8. Which Piaget stage follows the Pre-operational stage?

- A. Sensorimotor stage
- B. Pre-operational stage
- C. Concrete Operations stage
- D. Formal Operations stage

In Piaget's theory, the stage after the Pre-operational period is the Concrete Operations stage, where children begin to think logically about concrete objects and events. They grasp concepts like conservation (recognizing that quantity stays the same despite changes in appearance), reversibility (undoing actions in thought), and serialing/classification (ordering items by size or type). This marks a shift from the symbolic, egocentric thought of the pre-operational stage to more organized, rule-based reasoning, though still tied to concrete experiences rather than abstract ideas. Sensorimotor comes earlier, and Formal Operations come later when abstract and hypothetical thinking emerge.

9. Color vision is usually adult like in infants by approximately which age?

- A. 1-2 months old
- B. 3-4 months old
- C. 6-8 months old
- D. 12 months old

Color vision develops as the retinal cones mature and the brain learns to process color information. At birth, color discrimination is limited and acuity is low, but these abilities improve rapidly over the first months. By about three to four months of age, infants typically show color discrimination that is adult-like, meaning their ability to distinguish colors across the spectrum reaches adult levels. This maturation reflects both the maturation of the cones and the neural pathways from the retina to the visual cortex.

10. Which of the following is NOT considered a visual-spatial skill?

A. Bilateral integration

B. Visual closure

C. Laterality

D. Directionality

Visual-spatial skills involve understanding how objects relate in space and coordinating vision with movement. Skills like using both sides of the body together (bilateral integration), knowing left and right on your own body (laterality), and interpreting directions and position in the environment (directionality) all hinge on perceiving spatial relationships and planning actions in space. Visual closure, on the other hand, is about recognizing a whole object when parts of it are missing. This is a perceptual completion task driven by memory and pattern recognition rather than judging spatial relationships or coordinating movement in space. So it is categorized as a visual-perceptual skill rather than a visual-spatial skill.

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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!

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