

NCLEX Pediatric Growth and Development 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. Which statement best describes the function of the peer group in adolescence?**
 - A. It provides sense of belonging and strength and power.**
 - B. It has no effect on health decisions.**
 - C. It replaces parental influence.**
 - D. It prevents independent thinking.**

- 2. Which statement best describes fear in school-age children?**
 - A. They are increasingly fearful for body safety.**
 - B. They should be encouraged to hide their fears to prevent ridicule by peers.**
 - C. Those who have numerous fears need continuous protective behavior by parents to eliminate these fears.**
 - D. Most of the new fears that trouble them are related to school and family.**

- 3. The second process of self-mobility is seen at the age of 9 months when the infant begins to _____.**
 - A. Crawl**
 - B. Creep**
 - C. Cruise**
 - D. Walk**

- 4. Which skill is typically first developed by a 4-month-old?**
 - A. Hold a cup**
 - B. Stand with assistance**
 - C. Lift the head and shoulders**
 - D. Sit with the back straight**

- 5. Which statement indicates correct understanding of infant feeding?**
 - A. I give the baby any new foods before he takes his bottle.**
 - B. I've been mixing rice cereal and formula in the baby's bottle.**
 - C. I switched the baby to low-fat milk at 9 months.**
 - D. The baby really likes little pieces of chocolate.**

- 6. What gross motor skill best describes a 24-month-old child?**
- A. Skips**
 - B. Rides a tricycle**
 - C. Broad jumps**
 - D. Walks up and down stairs**
- 7. At roughly what age do infants usually begin drinking from a cup?**
- A. 5 months**
 - B. 9 months**
 - C. 12 months**
 - D. 2 years**
- 8. The nurse should recognize that: When sex information is presented to school-age children, sex should be treated as a normal part of growth and development.**
- A. Children in 5th grade are too young for sex education.**
 - B. Children should be discouraged from asking too many questions.**
 - C. Correct terminology should be reserved for children who are older.**
 - D. Sex can be presented as a normal part of growth and development.**
- 9. For infants younger than 1 year, which car seat practice is correct?**
- A. Front-facing car seat.**
 - B. Booster seat.**
 - C. Rear-facing car seat.**
 - D. No car seat.**
- 10. Peer relationships become more important during adolescence because:**
- A. Adolescents dislike their parents.**
 - B. Adolescents no longer need parental control.**
 - C. They provide adolescents with a feeling of belonging.**
 - D. They promote a sense of individuality in adolescents.**

Answers

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

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Explanations

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1. Which statement best describes the function of the peer group in adolescence?

- A. It provides sense of belonging and strength and power.**
- B. It has no effect on health decisions.**
- C. It replaces parental influence.**
- D. It prevents independent thinking.**

In adolescence, peers become a central source of identity, belonging, and social influence. Being part of a peer group provides teens with acceptance, norms, and a sense of power or influence within that social circle. This belonging helps shape skills like communication, self-concept, and decision-making, and it can strongly steer health-related choices, for better or worse. People at this stage are testing independence from parents, and peers often provide the validation and feedback that guide behaviors, including how they manage risk, body image, and daily routines. Because of that strong social pull, the idea that peers have no effect on health decisions isn't accurate—adolescents frequently align their actions with what their friends do or approve. Parental influence remains important, but it doesn't erase the powerful role of peers in shaping attitudes and behaviors. Likewise, peers don't replace parenting, and they don't inherently prevent independent thinking; teens can develop autonomy even as they navigate peer norms.

2. Which statement best describes fear in school-age children?

- A. They are increasingly fearful for body safety.**
- B. They should be encouraged to hide their fears to prevent ridicule by peers.**
- C. Those who have numerous fears need continuous protective behavior by parents to eliminate these fears.**
- D. Most of the new fears that trouble them are related to school and family.**

In school-age children, fears tend to arise from the realities of growing independence and navigating two main domains: school and family. As they face new academic demands, social dynamics, and changes at home, their worries often center on things like doing well in class, fitting in with peers, handling tests or presentations, or concerns about parental changes or safety at home. This pattern means that the most common new fears relate to school experiences and family situations. Body-safety concerns are more common earlier in childhood, when concrete fears about immediate dangers are prominent. Encouraging a child to hide fears to avoid ridicule isn't helpful, and simply relying on protective measures from parents doesn't teach the child how to cope with fear. Instead, guiding them to recognize fears and develop coping strategies helps them manage anxiety as they encounter new school and family challenges.

3. The second process of self-mobility is seen at the age of 9 months when the infant begins to _____.
- A. Crawl
 - B. Creep**
 - C. Cruise
 - D. Walk

Understanding how infants gain mobility helps you track gross motor development. After rolling over, the next self-mobilizing milestone is creeping, where the child moves forward on hands and knees rather than dragging along or rolling. This typically appears around 9 months and reflects growing neck and trunk control, arm strength, and coordination between the upper and lower body. Creeping sets the stage for later mobility, including cruising by holding onto furniture and eventually walking independently. Some variation exists—infants may use different patterns (such as belly crawling) and progress at their own pace—but around nine months creeping is the expected development.

4. Which skill is typically first developed by a 4-month-old?
- A. Hold a cup
 - B. Stand with assistance
 - C. Lift the head and shoulders**
 - D. Sit with the back straight

Motor development in infancy follows a head-to-toe progression, with control of the head coming before the trunk and before sitting. At about 4 months, babies typically gain enough neck and upper back strength to lift the head and shoulders when placed on their stomach, showing emerging trunk control. This milestone reflects the expected pattern of gross motor maturation and is appropriate for this age. In contrast, standing with assistance requires more leg strength and balance, and sitting upright with a straight back usually develops a bit later, once trunk control is well established. Holding a cup is a fine motor skill that develops even later, once infants have more coordinated hand use and trunk stability. Therefore, lifting the head and shoulders is the best fit for a typical 4-month-old.

5. Which statement indicates correct understanding of infant feeding?

- A. I give the baby any new foods before he takes his bottle.**
- B. I've been mixing rice cereal and formula in the baby's bottle.**
- C. I switched the baby to low-fat milk at 9 months.**
- D. The baby really likes little pieces of chocolate.**

Introducing solids to an infant should be done gradually and in a controlled way, watching for tolerance and reactions. The best approach is to offer a new food before the baby takes the bottle, so the infant isn't full from formula and can signal interest or adverse reactions to the new taste. Introducing foods one at a time and waiting a few days between new foods helps you identify any allergies or intolerances early, while the baby continues to receive most calories from breast milk or formula. Stirring in cereal with formula in the bottle is not advised because it can increase choking risk, promote overfeeding, and interfere with recognizing the baby's true readiness for solids. Switching to low-fat milk at nine months isn't appropriate because infants need the fats in whole milk for brain development. Giving chocolate to an infant is not recommended due to added sugars and potential caffeine, and it can be a choking hazard for small pieces.

6. What gross motor skill best describes a 24-month-old child?

- A. Skips**
- B. Rides a tricycle**
- C. Broad jumps**
- D. Walks up and down stairs**

At 24 months, gross motor development centers on improving balance and coordination as children gain more independent mobility. Walking up and down stairs with support demonstrates this progression: the child can shift weight, place both feet on each step, and maintain an upright posture while navigating elevation, though they still rely on a handrail or adult guidance. This level of stair negotiation reflects the typical milestone for a 2-year-old better than more advanced skills. Skipping is a later milestone that usually appears around preschool age, when balance and motor planning are more refined. Riding a tricycle requires more leg strength and coordinated pedaling, generally developing a bit later than age two. Broad jumps can occur in toddlers but are less consistently achieved at this age than stair negotiation with assistance. So, walking up and down stairs with support best fits the 24-month developmental stage.

7. At roughly what age do infants usually begin drinking from a cup?

- A. 5 months**
- B. 9 months**
- C. 12 months**
- D. 2 years**

Introducing a cup is tied to an infant's oral-motor and postural development. The ability to sip from a cup emerges as infants gain better head and trunk control and show interest in liquids separate from bottles, which generally happens as solids are being introduced around about six months of age. Because of the natural variability in development, teachers and test writers often say "roughly" within this early window, recognizing that many infants may begin incorporating a cup around five to six months with guidance from caregivers. That makes the earliest option the closest fit in a format that uses rounded timing, since you're looking for the point at which cup use starts rather than when a child is fully proficient. The later ages listed would typically be too late for the initial introduction of cup drinking, since the goal at this stage is to begin the transition from bottle to cup and promote independent drinking as part of weaning.

8. The nurse should recognize that: When sex information is presented to school-age children, sex should be treated as a normal part of growth and development.

- A. Children in 5th grade are too young for sex education.**
- B. Children should be discouraged from asking too many questions.**
- C. Correct terminology should be reserved for children who are older.**
- D. Sex can be presented as a normal part of growth and development.**

Introducing sex information as a normal part of growth and development helps school-age children build accurate, healthy understanding of their bodies and changes they may experience. When this topic is framed as normal, it reduces shame, encourages curiosity, and provides an opportunity to use correct terms and age-appropriate explanations. For school-age children, this means talking openly about body parts with proper vocabulary, explaining that puberty and sexual development are natural parts of growing up, and offering information in a way that matches their questions and readiness. This approach also supports ongoing dialogue, safety, boundaries, and consent, helping children feel trusted and able to ask questions as they arise. Framing sex education this way is more effective than delaying discussions, discouraging questions, or reserving terminology for later, because those strategies can leave gaps in knowledge, foster fear or misinformation, and hinder healthy attitudes toward sexuality.

9. For infants younger than 1 year, which car seat practice is correct?

- A. Front-facing car seat.**
- B. Booster seat.**
- C. Rear-facing car seat.**
- D. No car seat.**

Infants younger than 1 year belong in a rear-facing car seat. This position better protects the head, neck, and spine during a crash by cradling them and distributing crash forces along the back of the seat rather than concentrating them on the neck. The head of an infant is proportionally large and the neck muscles are immature, so a rear-facing setup reduces the risk of serious injury if a collision occurs. Front-facing seats, booster seats, or riding without a car seat do not provide the same level of protection for an infant, and the car seat guidelines emphasize keeping the infant rear-facing until at least 1 year and as long as the seat's weight/height limits allow. Always install the seat correctly and follow the manufacturer's guidelines for angle and harness placement.

10. Peer relationships become more important during adolescence because:

- A. Adolescents dislike their parents.**
- B. Adolescents no longer need parental control.**
- C. They provide adolescents with a feeling of belonging.**
- D. They promote a sense of individuality in adolescents.**

As adolescence unfolds, fitting in with peers becomes central because belonging to a peer group fulfills a fundamental need for social acceptance and identity. Teens look to friends for shared norms, support, and validation, which helps shape how they see themselves within a broader social world outside the family. This sense of belonging supports emotional safety and provides a platform for experimenting with independence in a less authoritative context than parental relationships. It's not that adolescents dislike their parents or no longer need parental guidance; parental influence remains important, but peers increasingly fulfill the human need to belong. The idea of promoting individuality is less about belonging and more about developing autonomy and a personal identity, which is a separate process that also occurs as teens navigate their relationships with peers.

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://nclexpediagrowthdev.examzify.com>

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

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