

# Pediatric Settings Road Map 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. Outpatient requires re-evaluation at what interval?**
  - A. 30 days**
  - B. 60 days**
  - C. 90 days**
  - D. 6 months**
  
- 2. How often does a child enrolled in ECI require a re-eval?**
  - A. Twice a year**
  - B. Every six months**
  - C. Once a year**
  - D. Every two years**
  
- 3. If an infant shows predominance of autonomic instability, which component is being emphasized?**
  - A. Autonomic/physiologic**
  - B. Motor Behavior**
  - C. Behavioral State**
  - D. Attention/interaction**
  
- 4. PVL stands for what?**
  - A. Postnatal leukomalacia**
  - B. Peripheral venous lesion**
  - C. Periventricular leukomalacia**
  - D. Pulmonary vascular lesion**
  
- 5. Which of the following statements best describes SMACC in ECI eligibility?**
  - A. The five domains are Social/emotional, Motor, Adaptive skills, Cognition, and Communication.**
  - B. There are four domains: Social/emotional, Motor, Adaptive skills, and Communication.**
  - C. Five domains are Social/emotional, Language, Motor, Cognition, and Communication.**
  - D. There are six domains including Language.**

- 6. Which NICU level is the most severe?**
- A. Well Baby Nursery**
  - B. Special Care Nursery**
  - C. NICU**
  - D. Regional NICU**
- 7. Outpatient follows which model?**
- A. Psychosocial**
  - B. Rehabilitation**
  - C. Occupational**
  - D. Medical**
- 8. True/False: Certain medical dx automatically qualify for ECI?**
- A. False**
  - B. Not applicable**
  - C. Sometimes**
  - D. True**
- 9. Who pays for telehealth sessions in the described program?**
- A. Self-pay**
  - B. Medicare**
  - C. Insurance**
  - D. Charity care**
- 10. To qualify for ECI, a child must have \_\_\_% delay in one area or \_\_\_% delay in expressive communication?**
- A. 15% delay in one area or 25% delay in expressive communication**
  - B. 50% delay in one area or 60% delay in expressive communication**
  - C. 25% delay in one area or 33% delay in expressive communication**
  - D. 33% delay in one area or 25% delay in expressive communication**

## Answers

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

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## **Explanations**

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## 1. Outpatient requires re-evaluation at what interval?

- A. 30 days
- B. 60 days**
- C. 90 days
- D. 6 months

In outpatient care, the scheduling of a follow-up re-evaluation is about balancing timely monitoring with practicality. A two-month (60-day) interval provides enough time to observe meaningful changes from treatment, growth, or development, while still being frequent enough to catch issues like inadequate response, adherence problems, or emerging side effects before they escalate. It also fits well with typical clinic flow and family routines, making follow-up feasible. Choosing a much shorter interval, such as 30 days, can lead to unnecessary visits that may not reflect true changes in the patient's status. Waiting longer, like 3 months or 6 months, risks missing early signals of problems or suboptimal control, delaying needed adjustments. Therefore, a 60-day interval is often the most balanced choice for outpatient re-evaluation.

## 2. How often does a child enrolled in ECI require a re-eval?

- A. Twice a year
- B. Every six months
- C. Once a year**
- D. Every two years

In Early Childhood Intervention, the formal re-evaluation is scheduled at least once a year. This yearly reevaluation helps confirm whether the child still meets eligibility for ECI services and allows the team to update the IFSP goals and supports to reflect the child's current development. Ongoing progress is monitored more frequently through regular progress checks and IFSP reviews (often every 6 months), but the formal reevaluation of eligibility and needs follows an annual cycle. If there are notable changes in the child's development or if the family requests it, a re-evaluation can be conducted sooner.

## 3. If an infant shows predominance of autonomic instability, which component is being emphasized?

- A. Autonomic/physiologic**
- B. Motor Behavior
- C. Behavioral State
- D. Attention/interaction

The main concept is recognizing which neurobehavioral domain reflects regulation of the body's automatic functions. Autonomic/physiologic functioning covers regulation of breath, heart rate, color, temperature, and other body processes. If an infant shows predominance of autonomic instability, it means these physiologic regulatory systems are the primary area of concern, so that domain is being emphasized. The other domains concern different aspects—motor behavior maps to movement and tone, behavioral state to arousal and sleep-wake patterns, and attention/interaction to social engagement and responsiveness. Thus autonomic instability points to the autonomic/physiologic component.

#### 4. PVL stands for what?

- A. Postnatal leukomalacia
- B. Peripheral venous lesion
- C. Periventricular leukomalacia**
- D. Pulmonary vascular lesion

PVL stands for Periventricular leukomalacia, a brain injury seen mainly in premature infants where the white matter around the brain's ventricles is damaged due to disrupted blood flow and oxygenation. The term "periventricular" points to the area around the ventricles, and "leukomalacia" means softening or necrosis of white matter. This injury damages the cells that make myelin, leading to motor issues such as cerebral palsy and potential cognitive or visual deficits; imaging often shows periventricular white-matter injury or cysts. The other phrases don't describe this neonatal brain condition, as they refer to vascular problems outside the brain or different conditions altogether.

#### 5. Which of the following statements best describes SMACC in ECI eligibility?

- A. The five domains are Social/emotional, Motor, Adaptive skills, Cognition, and Communication.**
- B. There are four domains: Social/emotional, Motor, Adaptive skills, and Communication.
- C. Five domains are Social/emotional, Language, Motor, Cognition, and Communication.
- D. There are six domains including Language.

In SMACC for early childhood intervention eligibility, the focus is on five essential developmental areas that together describe a child's overall functioning. SMACC stands for Social/Emotional, Motor, Adaptive Skills, Cognition, and Communication. Each domain captures a key facet of development: Social/Emotional covers interactions and emotional regulation; Motor includes gross and fine motor skills; Adaptive Skills involve everyday self-care and independent living tasks; Cognition addresses thinking, problem-solving, and learning; Communication encompasses both understanding and using language (receptive and expressive). This is the best description because it preserves all five domains and aligns Language with Communication rather than treating it as a separate category or omitting a domain. The other options either drop a domain (missing Cognition), substitute Language for Adaptive, or add an extra sixth domain.

## 6. Which NICU level is the most severe?

- A. Well Baby Nursery
- B. Special Care Nursery
- C. NICU
- D. Regional NICU**

Neonatal care uses a ladder of levels, with Well Baby Nursery for healthy term infants, Special Care Nursery for babies needing extra monitoring but not full intensive care, a NICU (often Level III) for critically ill newborns requiring intensive monitoring and life support, and the Regional NICU (Level IV) as the highest level with full subspecialty teams, invasive life support, and capabilities for neonatal surgery and advanced diagnostics. The Regional NICU is the most severe because it can manage the most complex and life-threatening conditions, offering the greatest range of therapies and the most specialized staff. That's why it's the top level among the options.

## 7. Outpatient follows which model?

- A. Psychosocial
- B. Rehabilitation
- C. Occupational
- D. Medical**

Outpatient care in pediatrics is typically organized around the medical model, which centers on evaluating symptoms, making a diagnosis, and providing treatment in a clinic or office without admission. In an outpatient visit, the clinician aims to identify the medical problem, determine an appropriate management plan, and offer treatments, prescriptions, or follow-up testing as needed. This framework contrasts with the psychosocial approach, which emphasizes family dynamics, mental health, and social factors; or with rehabilitation and occupational models, which focus on restoring function and enabling daily activities through therapy. Clinics may integrate aspects of those other approaches when relevant, but the primary structure of outpatient pediatric care is medical.

## 8. True/False: Certain medical dx automatically qualify for ECI?

- A. False
- B. Not applicable
- C. Sometimes
- D. True**

In Early Childhood Intervention, eligibility isn't based solely on showing a developmental delay; some diagnosed medical conditions automatically qualify a child for services because these conditions carry a high risk of developmental challenges. This approach helps families access support promptly rather than waiting for delay to be demonstrated. The specific diagnoses that automatically qualify vary by state or program, but the core idea is that certain conditions are recognized as automatically eligible, while others still require evidence of delay or risk through evaluation.

**9. Who pays for telehealth sessions in the described program?**

- A. Self-pay**
- B. Medicare**
- C. Insurance**
- D. Charity care**

Telehealth sessions in pediatric programs are usually paid through health insurance rather than out-of-pocket. In the typical setup, families' private or public insurance (such as Medicaid/CHIP or commercial plans) covers the visit, with the patient responsible for any copay or deductible. This payer source is used because it aligns with standard care financing and supports sustainable access to care for most families. Self-pay would require paying the full amount without coverage, which is less common in programs designed to maximize access. Charity care exists for uninsured patients who can't pay, but it's not the regular payer for routine telehealth visits. Medicare does cover some telehealth, but its applicability to children is limited, so insurance remains the most consistent payer in pediatric telehealth.

**10. To qualify for ECI, a child must have \_\_\_% delay in one area or \_\_\_% delay in expressive communication?**

- A. 15% delay in one area or 25% delay in expressive communication**
- B. 50% delay in one area or 60% delay in expressive communication**
- C. 25% delay in one area or 33% delay in expressive communication**
- D. 33% delay in one area or 25% delay in expressive communication**

In Early Childhood Intervention, eligibility is based on how far a child is behind peers in development. There are two thresholds often used: a 25% delay in any single developmental area, or a 33% delay specifically in expressive communication. Meeting either criterion means the child has a significant delay that may benefit from services. The 25% delay in one area covers broad developmental concerns across domains such as motor, cognition, social/emotional, or adaptive skills. The 33% delay in expressive communication targets language output, which is a strong predictor of later outcomes, ensuring children with language-specific risk aren't missed even if other areas aren't as delayed. So the best-fit thresholds are a 25% delay in one area or a 33% delay in expressive communication. Other percentage combinations aren't the standard eligibility criteria used in this context.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://pediatricsettingsroadmap.examzify.com>**

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

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