

PEDS SIGNATURE ASSIGNMENT PRACTICE TEST (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. At what age do infants typically transition from a quadruped position to sitting?**
 - A. 4-5 months
 - B. 6-7 months
 - C. 8-9 months
 - D. 10-11 months
- 2. What specific skills are assessed in the PDMS-2 for children aged 12 months and above?**
 - A. Reflexes, stationary, visual tracking
 - B. Object manipulation, locomotion, stationary
 - C. Fine motor skills, cognitive skills, social skills
 - D. Locomotion, reflexes, spatial awareness
- 3. Which conditions are assessed by GMFM?**
 - A. Cerebral palsy and Down syndrome
 - B. Activity limitations and intellectual disabilities
 - C. 66: Cerebral palsy, 88: CP or Down syndrome, acquired brain injury
 - D. Developmental coordination disorder and autism
- 4. Which of the following is a common focus area for interventions in developmental disorders?**
 - A. Task generic interventions
 - B. Task specific interventions
 - C. Individualized medical treatments
 - D. Inpatient rehabilitation
- 5. What is a suitable strategy for setting up interventions for children with developmental coordination disorder?**
 - A. Incorporate random feedback
 - B. Ignore task breakdown
 - C. Emphasize repetition and working memory
 - D. Limit practice to familiar settings

- 6. What equipment is often managed prior to cessation of ambulation in children with Duchenne muscular dystrophy?**
- A. Braces
 - B. Standing programs and scooters
 - C. Exercise machines
 - D. Therapeutic bicycles
- 7. What domains of the International Classification of Functioning, Disability, and Health (ICF) does the Pediatric Evaluation of Disability Inventory (PEDI) assess?**
- A. Activity and social behavior
 - B. Activity and participation
 - C. Mobility and independence
 - D. Health and mental well-being
- 8. What aspects of a child's functioning does the PEDI evaluate?**
- A. Emotional regulation and cognitive skills
 - B. Sensitivity and peer interactions
 - C. ADL self-care, mobility, social function, and the need for modifications
 - D. Academic performance and behavioral issues
- 9. What emotional challenges may children with Developmental Coordination Disorder experience?**
- A. Increased self-esteem
 - B. High levels of anxiety
 - C. Consistent satisfaction with social interactions
 - D. Enhanced emotional regulation
- 10. What milestone is typically reached when infants are aged 12-15 months?**
- A. Walking independently
 - B. Creeping on all fours
 - C. Walking with assistance
 - D. Protective extension laterally

Answers

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

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Explanations

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1. At what age do infants typically transition from a quadruped position to sitting?

- A. 4-5 months
- B. 6-7 months**
- C. 8-9 months
- D. 10-11 months

The transition from a quadruped position to sitting typically occurs around 6 to 7 months of age in infants. At this stage, many babies develop the strength and coordination necessary to pull themselves into a sitting position from being on their hands and knees. This milestone is important as it demonstrates not just physical development, but also an increase in balance and core strength, which are foundational elements for further motor skills such as crawling and eventually walking. Infants at this age have usually acquired sufficient muscle control to stay upright in a sitting position, allowing them to engage more with their environment. This sitting capability provides opportunities for exploration and interaction, crucial for cognitive and sensory development. Thus, 6 to 7 months marks a key development phase in an infant's ability to navigate their world.

2. What specific skills are assessed in the PDMS-2 for children aged 12 months and above?

- A. Reflexes, stationary, visual tracking
- B. Object manipulation, locomotion, stationary**
- C. Fine motor skills, cognitive skills, social skills
- D. Locomotion, reflexes, spatial awareness

The PDMS-2, or Peabody Developmental Motor Scales, Second Edition, is designed to assess the motor skills of children from birth to 5 years. For children aged 12 months and older, the assessment focuses on specific skills that demonstrate their physical development and motor function. Object manipulation is a key component, as it evaluates how well a child can handle objects, which is crucial for their fine motor development. This includes tasks such as grasping, throwing, and catching. Locomotion is also assessed, reflecting a child's ability to move around effectively, including skills like walking, running, and climbing. Finally, the stationary skills are emphasized, which measure a child's ability to maintain a stable position and perform actions such as standing and balancing. These skill areas are particularly relevant for understanding the overall motor development of a child in this age group, making B the correct choice. The emphasis on fine and gross motor skills in these categories is essential for evaluating readiness for various physical activities and interactions with the environment.

3. Which conditions are assessed by GMFM?

- A. Cerebral palsy and Down syndrome
- B. Activity limitations and intellectual disabilities
- C. 66: Cerebral palsy, 88: CP or Down syndrome, acquired brain injury**
- D. Developmental coordination disorder and autism

The Gross Motor Function Measure (GMFM) is specifically designed to assess gross motor function in children with specific conditions. It is particularly useful in evaluating children with cerebral palsy and is also applicable to those with Down syndrome and acquired brain injuries. The tool focuses on the quality of movement and the child's ability to perform various tasks, allowing clinicians to understand the motor development of these specific populations. The GMFM comprises different versions, such as the GMFM-66 and GMFM-88, which are tailored to different needs and facilitate a thorough assessment of gross motor skills in children with varying conditions. Given this context, the answer reflects the applicability of GMFM to these specific conditions, aligning with its intended use in clinical and educational settings to gauge motor performance. Therefore, the identification of both cerebral palsy and Down syndrome, alongside acquired brain injury, accurately aligns with the conditions assessed by the GMFM.

4. Which of the following is a common focus area for interventions in developmental disorders?

- A. Task generic interventions
- B. Task specific interventions**
- C. Individualized medical treatments
- D. Inpatient rehabilitation

The correct answer highlights the importance of task-specific interventions in addressing the unique challenges associated with developmental disorders. Task-specific interventions target particular skills or behaviors that individuals with developmental disorders may struggle with, such as communication skills, social interactions, or daily living activities. These interventions are tailored to the individual's needs, allowing for more effective outcomes by focusing on improving specific areas of functioning. This approach contrasts with more generic strategies, which may not be as impactful for individuals with diverse developmental profiles. Task-specific interventions are often rooted in evidence-based practices and can involve techniques like modeling, prompting, and reinforcement, making the skills being learned more relevant to the individual's daily life. This method ensures that the interventions are practical and directly applicable, thereby enhancing motivation and engagement in the therapeutic process. In summary, task-specific interventions are a crucial element in the treatment of developmental disorders because they provide personalized and targeted approaches that facilitate meaningful progress in the individuals' daily functioning and quality of life.

5. What is a suitable strategy for setting up interventions for children with developmental coordination disorder?

- A. Incorporate random feedback
- B. Ignore task breakdown
- C. Emphasize repetition and working memory**
- D. Limit practice to familiar settings

Emphasizing repetition and working memory is a suitable strategy for setting up interventions for children with developmental coordination disorder (DCD) because these elements are crucial for motor learning and skill acquisition. Children with DCD often struggle with the coordination of movements necessary for everyday tasks. Through repetition, they have the opportunity to practice movements in a structured way, which helps reinforce neural pathways associated with those activities. Additionally, focusing on working memory can support children in retaining and applying the information they learn during practice. By keeping tasks consistent but progressively challenging, the intervention can build confidence and competencies, promoting greater independence in motor skills. This approach contrasts with conceptions like random feedback, which can lead to confusion rather than learning; ignoring task breakdown, which might overwhelm a child with DCD; and limiting practice to familiar settings, which reduces the opportunity for transfer of skills to new situations. Overall, emphasizing repetition and working memory aligns well with effective intervention strategies for children with developmental coordination disorder.

6. What equipment is often managed prior to cessation of ambulation in children with Duchenne muscular dystrophy?

- A. Braces
- B. Standing programs and scooters**
- C. Exercise machines
- D. Therapeutic bicycles

In managing children with Duchenne muscular dystrophy (DMD), it is important to focus on maintaining mobility and functional independence for as long as possible. Before ceasing ambulation, standing programs and scooters play a crucial role in this process. Standing programs help maintain muscle length and prevent contractures, while scooters can provide mobility alternatives for children who can no longer walk but still need to move around effectively. These interventions are designed to maximize a child's remaining function and ensure that they maintain an adaptive lifestyle. The importance of these tools becomes even more significant as ambulation decreases, as they enable children to have some level of independence and interaction with their environment, while also supporting their physical health and well-being.

7. What domains of the International Classification of Functioning, Disability, and Health (ICF) does the Pediatric Evaluation of Disability Inventory (PEDI) assess?

- A. Activity and social behavior
- B. Activity and participation**
- C. Mobility and independence
- D. Health and mental well-being

The Pediatric Evaluation of Disability Inventory (PEDI) is designed specifically to assess children's functional abilities across different domains of development. The correct answer, which identifies the domains of Activity and Participation, reflects the core components of the ICF framework. Activity pertains to the execution of tasks or actions by an individual. In the context of the PEDI, this includes evaluating how well a child can perform fundamental activities required for daily living, such as self-care tasks or school-related activities. Participation refers to the involvement of the child in life situations, encompassing their ability to engage in interactions with peers, family, and the community. The PEDI measures how children participate in various environments, highlighting their inclusion in social settings and their capacity to engage with the world around them. This dual focus on activity and participation allows the PEDI to provide a comprehensive view of a child's capabilities and challenges, aligning with the ICF's holistic understanding of functioning and disability. The assessment thus plays an essential role in identifying areas where support and intervention may be needed to enhance a child's overall development and social inclusion.

8. What aspects of a child's functioning does the PEDI evaluate?

- A. Emotional regulation and cognitive skills
- B. Sensitivity and peer interactions
- C. ADL self-care, mobility, social function, and the need for modifications**
- D. Academic performance and behavioral issues

The PEDI (Pediatric Evaluation of Disability Inventory) is specifically designed to assess various dimensions of a child's functioning in relation to their developmental abilities and limitations. It evaluates activities of daily living (ADL) self-care, mobility, and social function, which are critical in understanding how children interact with their environment and participate in everyday life. ADL self-care measures how well a child can perform essential tasks such as dressing, bathing, and grooming. Mobility focuses on the child's ability to move around in different settings, and social function assesses how they interact with peers and engage in social activities. Additionally, the PEDI also looks at the need for modifications, which helps to identify whether the child requires additional support or adaptations to participate fully in daily activities. This holistic approach allows caregivers and professionals to better understand a child's needs and to develop appropriate interventions tailored to support their development effectively.

9. What emotional challenges may children with Developmental Coordination Disorder experience?

- A. Increased self-esteem
- B. High levels of anxiety**
- C. Consistent satisfaction with social interactions
- D. Enhanced emotional regulation

Children with Developmental Coordination Disorder (DCD) often face significant emotional challenges, with high levels of anxiety being a common experience. This anxiety can stem from various factors, including difficulties with motor skills that impact their ability to participate in physical activities or sports, which are typically enjoyable for many children. As they struggle with coordination, they might become anxious about their performance in tasks that require these skills, such as playing games or engaging in physical education. Additionally, children with DCD may become more self-conscious about their abilities in comparison to their peers. This self-awareness and potential for negative social experiences can lead to heightened levels of anxiety, particularly in social settings where physical coordination is important. Thus, the emotional toll that comes from these challenges encompasses feelings of inadequacy, fear of failure, and worries about peer acceptance, all of which contribute to increased anxiety levels. In contrast, the other options present characteristics that are not typically associated with children facing DCD. For instance, increased self-esteem is generally less likely in children struggling with motor skills due to the feedback they receive from peers and the challenges they encounter. Similarly, consistent satisfaction with social interactions and enhanced emotional regulation are not typically outcomes for children with DCD, as their difficulties may lead to frustration,

10. What milestone is typically reached when infants are aged 12-15 months?

- A. Walking independently**
- B. Creeping on all fours
- C. Walking with assistance
- D. Protective extension laterally

Infants typically reach the milestone of walking independently between the ages of 12 and 15 months. This developmental stage is significant because it signifies an increased level of physical ability and independence. Walking independently allows infants to explore their environment in new ways, fostering cognitive development and spatial awareness. During this period, many children take their first steps without support, often showing enthusiasm and determination as they practice this newfound skill. While other options represent developmental milestones that may occur earlier or later, walking independently is uniquely characteristic of the specified age range. Creeping on all fours generally occurs much earlier, typically around 8 to 12 months, and walking with assistance is a transitional phase that leads to independent walking. Protective extension laterally, which involves reaching out to the side to prevent falls, is usually observed in toddlers who are becoming more confident in their movements but does not specifically align with the 12-15 month period as the primary milestone.

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://pedsignatureassignment.examzify.com>

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

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