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# DIAGNOSTICS OF CHILD'S DEVELOPMENTAL DIFFICULTIES

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# DIAGNOSTICS OF CHILD'S DEVELOPMENTAL DIFFICULTIES

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**CONTENT**

## PRELIMINARY

A feature of modern educational technologies is thought out in every detail a model of joint pedagogical activity on design, organization and carrying out the educational process with the provision of comfortable conditions for both the children and the teacher. In this context, it becomes important use of diagnostic tools by a correctional teacher.

According to research, diagnostics is a necessary component of practical activity, and teachers need a certain clarification regarding the differentiation of diagnostic contents and functions in psychological and pedagogical aspects.

It is this actual problem that is highlighted in this monograph. In particular, the main features and peculiarities of the diagnostic activity of the correctional teacher in working with children of early, preschool and school age with and without psychophysical development disorders are revealed.

Pedagogical diagnosis of a correctional teacher is defined as activities to identify the current state and areas of immediate development child; team pedagogical interaction aimed at management of educational process' quality.

The diagnostic activity of a correctional teacher requires formation a high level of multifunctional competence, which, in turn, includes the following:

- the algorithm of the process of examining the psychophysical development of children with developmental disorders;
- the level of formation of social and adaptive skills, life skills competence;
- feedback during the joint activity of an adult and a child.

Objects of pedagogical diagnostics are considered to be:

- individual and personal qualities of the child;
- activity, behavior and attitude of pupils;
- the formative influence of the social environment, family, school and class environment;
- the nature and interaction of pedagogical influence in the educational process.

To obtain pedagogical data, one of the most important tasks is the right choice of diagnostic methods. Most often the following methods are used by teachers during diagnosis:

1. Observation.
2. Questionnaires and surveys.
3. Testing.
4. Conversations.
5. Learning and education in pedagogical situations.
6. Study of products of activity (drawings, projects, diaries, etc.).
7. Generalization of pupils' independent characteristics.

With a psychodiagnostic approach to research the children's psychologist has the following tasks: 1) study of the functions of mental processes and detection of deviations; 2) determination of the possibility of improving the results during provision assistance; 3) diagnosis of the child's personal characteristics; 4) correlation of the obtained results with "normative" and establishing a pathopsychological diagnosis; 5) determination of opportunities for optimization of the child's development process and ways of solving his social problems.

# 1. SCIENTIFIC AND METHODICAL BASIS OF ORGANIZING CHILDRENS' DIAGNOSTIC ASSESSMENT IN DIFFERENT AGES

## 1.1. Analysis of modern approaches to early age children diagnostics' organization

Mental properties are stable manifestations in the psyche of an individual, fixed in the structure of his personality. The concept of "mental state" is used to conventionally distinguish a relatively static moment in the psyche of an individual, in contrast to the concept of "mental process", but emphasizes dynamic moments in contrast to mental properties. For example, the state of affect can be considered both a manifestation of personality traits (temperament, anger), and a mental process in view of the gradualness of the development of emotions.

In pathopsychology, the subject of study is affective states, mental capacity, exhaustion, human states under stress, frustration, etc.

Mental processes are traditionally divided into three groups:

- cognitive;
- emotional;
- strong-willed.

Within the scope of child pathopsychology, a careful study of cognitive processes is particularly important, as they largely determine the child's success in educational activities. In this regard, most experimental tasks for children are aimed at studying attention, memory, thinking, and perception. The course of emotional-volitional processes in children is usually analyzed during the experiment by observing their behavior, reactions to success and failure, based on the data obtained as a result of the conversation (content and form of statements, facial expressions, intonation, etc.). In this regard, special attention should be paid to the method of observation and conversation with children.

After the experimental study, the final stage of the conversation with the child (usually short) is conducted. The psychologist finds out which tasks the child liked

and which did not, what was difficult and what was easy, how the child evaluates his successes, how he feels. Based on this, the psychologist clarifies his impressions about the mental characteristics of the child, his emotional and volitional manifestations. The observation method is used during the entire pathopsychological examination process simultaneously with experimental methods.

Children who do not have disorders in the development of mental activity and deviations in behavior, during the examination they behave seriously, they are collected and active. They are interested in the work process, evaluation of the results, they rejoice in success and the approval of the psychologist. When children fail, they get upset, but they do not lose their composure, trying to overcome difficulties.

It should be taken into account that if a pathopsychological examination is carried out with a child who is characterized by deviations in behavior, then it is possible to correctly assess his intellectual development only if there is good contact and significant motivation to perform tasks. The order of submission of tasks by complexity is also important. If it is known about the child that he does not learn the curriculum of kindergarten or school, then it is necessary to start with easy tasks, since the very first failure can lead to a habitual negative emotional reaction to his inability. At the same time, if a teenager with deviant behavior is given too easy task, it may seem suspicious and even offensive to him. In addition, the child has time to get tired if he has already had to complete several easier tasks before tasks of medium difficulty. Thus, the order of submitting tasks depends on the characteristics of the child's psyche, which are revealed at the preliminary stage of the examination or during the interview.

Summing up the above, we will highlight the main points that must be taken into account when studying mental processes and conditions in children:

1) attitude to the psychologist and to the examination process itself;

2) degree of goal-directed activity, interest in it, peculiarities of response to success and failure;

3) analysis of the dynamics of emotional and volitional manifestations;

4) analysis of observations of appearance and verbal manifestations.

Psychological examination of children is an important and relevant area of psychodiagnostics, because in childhood, monitoring compliance with the norms of mental development is necessary for early detection of possible deviations, planning of individual corrective and preventive measures aimed at leveling certain aspects of the child's mental development. Psychodiagnostics of children has its own specificity compared to the examination of adults. The younger the child, the more important are the features of age-related manifestations that reflect pathologically changed manifestations of normal age-related development. That is why, first of all, it is necessary to study those psychological formations that are decisive in the child's mental development at a certain age stage. In the case of the development of a pathological process, these psychological formations will primarily be saturated with signs of painful symptoms. Analyzing the activity that is the main one for a certain age, it is possible to reveal symptoms of emotional disorders (fear, aggressive tendencies), intellectual disorders (pathological associations, inadequacy of mental activity).

Since the child's psyche is constantly developing, two types of symptoms should always be distinguished in the psychological characteristics of the subject: firstly, that is, directly related to harmful effects (disease, trauma, etc.), and secondly, which is a consequence of developmental disorders under the influence of a painful process (current or, which has already ended).

Thus, when investigating a violation of the child's mental activity, it is necessary to take into account not only the nature of the violations, but also the age phase in which the harmful influence took place, as well as the influence of this primary defect on the occurrence of secondary formations, which are verified at the time of the investigation.

Based on these principles, the child psychologist solves the following tasks in the process of researching the child's psyche:

• detects disorders of mental activity and gives them a pathopsychological diagnosis qualification;

• conducts a structural analysis of detected violations, identifies primary and secondary symptoms;

• works out a program of corrective activities.

One of the important features of counseling in child psychology is that during counseling, the psychologist has to focus on two subjects at the same time – the child and his parents, because the direct recipient of psychological help (the client) is not the child, but an adult (one of parents, a teacher), who asked for help.

Two approaches to the implementation of this activity by a psychologist can be distinguished.

With a problematic approach to the study of the child's psyche, a psychologist must perform the following tasks:

1) to find out if there is a problem;

2) to determine in whom the problem is expressed to a greater extent (so, for example, behavioral disorders may not bother the schoolboy himself at all, but seriously worry teachers and parents);

3) to analyze ways to solve the problem;

4) to choose the optimal way to solve the problem, taking into account the interests of all parties;

5) to implement the worked out action plan.

The source of this way of thinking is the experience accumulated in the practice of upbringing and modern psychotherapeutic approaches. The problem-based approach is effective in solving tasks related to behavioral disorders, negative and personal characteristics of the child, that is, when the probability that the reason for turning to a psychologist may be a violation of the development of mental processes is insignificant. The problematic approach is quite promising under the conditions of the need for active psychological correction. In this case, the approach makes it possible to determine the scope of the psychologist's efforts, identify the position of the child and other participants in the problem situation, and establish cooperative relations. The main advantage of this approach is the unity of psychodiagnostics and psychocorrection.

The use of this approach is appropriate in cases of solving expert questions, primarily problems related to the child's ability to study, the choice of its type and place; in cases where there is a high probability that the child has a deviation in mental development; if it is necessary to take psychotraining measures; when finding out the reasons for the child’s social maladjustment.

## 1.2. Psychological and pedagogical examination: methods of diagnosing the level and characteristics of children’s development in the first three years of life

A unique feature of early childhood is that it ensures the overall development of the child (physical, mental, moral), which serves as a basis for the child's subsequent acquisition of special knowledge, skills and abilities, and the formation of stable personal qualities. The period of early childhood is characterized by the rapid pace of the child's physical and mental development, which is due to the intensive maturation of both the senses and the nervous system, the improvement of its functions as a result of the maturation and interaction of the body with the environment, under the influence of the child's living conditions and upbringing. Today, the world has worked out a significant diagnostic toolkit aimed at identifying functional capabilities and developmental disorders in young children.

In Europe, the “Munich Functional Diagnostics of Development” for young children, created at the University of Munich and the Institute of Social Pediatrics, is widely known. This diagnosis was developed by a group of specialists under the leadership of Professor, Honorary Doctor of Medical Sciences Theodor Helbrugge. On the basis of his ten-year scientific research on child development, new knowledge was obtained in the area of early diagnosis, early therapy and early social adaptation of children with disabilities. Currently, specialists from various fields – pediatrics, social pediatrics, children’s neurology, psychology, genetics – work in the center based on the most modern scientific achievements. The institution specializes in early diagnosis and therapy of developmental disorders and delays.

The time of the first developmental assessment in the Munich diagnostic program corresponds to the second month of the baby's life. The methodology is based on the differentiated distribution of psychomotor development according to eight functional components: crawling, sitting, walking, grasping, perception, speech, understanding speech, social behavior. In the method, the very fact of the child's performance or non-performance of the task is evaluated, which is compared with the indicators of the age norm, a graphic, anthropometric profile is created, which combines the indicators of all functional components. When summarizing the results, an analysis of existing deviations is carried out, for example, a delay of 1 month requires re-diagnosis after identifying its causes and correction, while a delay of 2 months is considered critical in terms of pathology and requires a more thorough analysis. This diagnostic method has a screening nature, it lacks some significant indicators of development that are distinguished by domestic methods, in particular “the first smile in response to an adult's appeal”, “revival complex”.

The model of the Munich Children's Center has proven itself to be effective therapeutic and diagnostic tools and is implemented in the practice of other countries: various subsidiary centers have appeared in Germany and around the world.

In foreign methods, there are disagreements regarding the interpretation of normative terms for the formation of mental reactions, as well as a significant spread of indicators. The reason for this should be considered the specifics of raising children in different countries of the world, the peculiarities of different scientific approaches to determining the age norm and highlighting meaningful components of the infant's development. Getting acquainted with these studies and diagnostic approaches and comparing them with those areas of research implemented today within the framework of early care in Ukraine shows that we have similar problems in the field of early special children's education and are on the same lines of development.

*Diagnostic model in the system of early care for children with psychophysical developmental disorders*

The problem of detecting deviations in a child's development consists not only in establishing violations of the structure and function of the body, fixing the delay in the appearance of behavior expected for the child's age, but also in clarifying the nature of obstacles at the level of the body and the environment that complicate the child’s development. In some cases, children with developmental delays have an insurmountable barrier (for example, with Rett syndrome or Werdnig-Hoffman spinal amyotrophy), in other cases – with the help of medical influences, biological limitations can be weakened or even completely compensated (for example, with surgical treatment of congenital abnormalities of the heart, palate, replacement therapy of congenital hypothyroidism or diabetes, cochlear implantation in many children with deafness). Compared to the violations of the structures and functions of the child's body, the impact of adverse social factors, such as orphanhood and abuse, is less dramatic in terms of life restrictions. Therefore, studies prove that children who are brought up in orphanages lag behind their peers who are brought up in families, both in physical and psycho-speech development. The emotional and personal development of such children suffers significantly, which is a serious threat to their further individualization and social adaptation.

Thus, identifying deviations in children's development is a multidisciplinary task, for the solution of which a combination of efforts of medical workers, parents, psychological and pedagogical specialists, and social workers is necessary.

*Selection of experimental techniques*

In modern pathopsychology, many experimental methods of researching mental processes and states are used. Their essence lies in the modeling of problem situations, the solution of which requires the subject to use the type of mental activity studied in the study.

Examination of a young child has several features. Due to the rapid pace of

development in early childhood, deviations from normal development may go unnoticed or seem insignificant in the future and lead to pronounced disorders in a more mature age. In early childhood, on the other hand, there are wider opportunities for correction due to great plasticity, sensitivity to influences aimed at optimizing the child's mental development. Diagnostic methods of psychomotor, emotional, sensory development of children, especially of the earliest age groups (newborns, infants), have the following features: most tests for children younger than six years old are either tests of performing elementary actions or tests of performing verbal instructions. In addition, it can be elementary actions with a pencil and paper. Most tests for infants are designed to examine sensorimotor development (the ability to hold the head, manipulate objects, sit, turn, follow an object with the eyes, etc.).

One of the first methods of diagnosing babies is Hesel's Development Charts, were worked out back in 1947. These tables cover the four main areas of behavior of children aged 4 weeks to 6 years, such as: motor skills, speech, adaptive behavior, personal-social behavior. The tables describe in detail and are presented in the form of pictures the typical manifestations of these areas of the psyche for children of different ages. The use of A. Hesel's methodology is a standardized procedure for observing and evaluating the course of child's behavior development in everyday life. The disadvantage of such a technique is its insufficient standardization, therefore it can be recommended for use as a method of improving and clarifying qualitative observations.

One of the most famous and widespread in the 1970s in Europe methods of assessing the mental development of children in early childhood, based on Hesell's method (developmental tests), but improved, is the Brunet-Lezin method. Brune and Lesin's Scale of Psychomotor Development in Early Childhood, published in 1951, was intended for the study and assessment of a child's mental development from the first to the thirtieth month after birth. It contained 160 problems, and for the first 10 months for each month – a separate task, and then for the 12th, 15th, 18th, 14th and 30th months. For each age period, norms are given for four areas: motor skills, visual-motor coordination, speech, social development. The assessment was made

using dots: for the first 10 months – 1 dot per task, for the 12th – 2 dots, for the 15th – 24th months – 3 dots, for the 30th month – 6 dots for each task. The points of successful problem solving by the child are summed up and the sum is divided by 10. The resulting number expresses the global developmental age of the child under study. This number is divided by the calendar age and we get a number that is the "development coefficient" of the child under study. The scale is adapted to assess each of the four areas separately.

Another scale, proposed by D. Lashley, reflects the following areas of mental development: physical development, communication and speech development, social development and play, autonomy and independence, behavior. A methodological feature of the observation process according to D. Lashley, which he called the method of time samples, consists in the regularity of observing the child for a full 30 minutes with a recording of impressions after 30-second intervals. The information is evaluated in two ways: by comparing the child's indicators with the average indicators of young children; comparison of information about the child with the results obtained in an earlier period.

The most developed method for babies is the Bailey Scales of the babies' Development. These scales provide three auxiliary means of assessing the degree of child development: a scale of mental development, a scale of motor development, records of children's behavior. Modern Russian child psychology offers scales for babies and young children proposed by E.O. Smirnova, L.N. Haliguzova, T.V.Yermolova, S.Yu.Meshcheryakova, which represent the diagnosis of not individual components, such as motor, sensory, cognitive spheres, but a comprehensive approach to the diagnosis of mental development aimed at the diagnosis of holistic forms of mental activity.

Modern Ukrainian psychologists have proposed the following early diagnosis methods:

• Tables of child development stages, which are diagnosed according to the following parameters: motor behavior, sensorimotor behavior, psychosocial sphere, speech sphere, cognitive sphere;

• GNOM technique (schedule of neuro-psychological examination of children), which enables a qualitative assessment of the child's mental state at the time of the examination. For children older than a year, the tests are taken at intervals of three months of life, and for children 2-3 years old – at intervals of six months;

• Mainly, modern literature presents diagnostic methods for the development of certain spheres of children's psyche: perception, attention, cognitive processes, temperament, emotional-sensual sphere, etc.

*Diagnostics of young children's mental development according to the method by Manova-Tomova*

The need to create a special method for mental assessment development of children from birth to three years of age arose in the authors when there was a need to deal with the creation of a system of education of younger children age, namely for raising children in nurseries and mother-child homes. It was the mid-1950th, when childcare facilities had to gain the trust of mothers. And trust can be won then and now always in only one way: to ensure the normal physical and psychological development of their children in a timely manner. The task was clearly set: to create such a system of education, with the help of which could be provided along with proper nutrition and good physical development is normal mental development. So, there was a need to solve a new problem that borders on child psychology, pedagogy and pediatrics. The problem was to cover the systematic study of mental development and education of children from birth to three years of age.

The emergence of this problem was caused by an important necessity of social life: in the early 50th, the number of daycare centers began to increase and it was necessary to avoid the mental retardation of children, which began to manifest itself. The need to seriously engage in the mental development of children under the age of three who are brought up in children's institutions was obvious.

Quite a few problems arose on the way of the researchers. First of all, this is the well-known negative attitude of the Soviet authorities to psychology as a science

in general, and to the fact that it is necessary to study the internal processes of personal development in the materialistic society of that time. But at the beginning of the 50th, the ideas of Pavlov's school about the higher nervous activity became quite widespread and popular. These ideas directed the special attention of psychologists, teachers and pediatricians to the integrity of the child's body. It was convincing it has been proven that child development is a single process in which physiological processes and mental manifestations are closely intertwined in a complex relationship. Pavlov's concepts about the unity of the organism and the environment, the unity of the physiological and mental in a person, about the beginning of conditioned reflex activity and about the emergence of the psyche directed the attention of scientists to the study of the early ontogenesis of the child's psyche and behavior, to the study of early childhood.

The first stage in the development of the methodology was the creation of indicators for monitoring and assessing the mental development of children from 0 to 3 years of age. It was necessary to know what kind of development children in the nursery should have in order to prevent the danger of mental retardation. In 1954, we first tried to work out experimentally standards-indicators for the mental development of children from 0 to 3 years of age. As a basis, the authors used Shchelovanov's indicators, Hesel's norms and the consequences of their own observations. In 1954-1956, these trial norms-indicators were proposed for experimental examination and establishing their suitability for domestic children.

We have to determine the possibilities and shortcomings of this research method at the current stage of the development of psychological science. Let's turn, first of all, to the positive.

1. The essential advantages of this method of psychodiagnostics are, first of all, its ease of use and the relative ease of preparation and analysis of the results. The technique does not require long-term and complex preparation. However, a necessary condition for successful and effective interpretation of the results is a perfect mastery of indicators of mental development of young children.

2. Another positive point is that the method examines the gradual and

consistent emergence of certain manifestations of children’s mental development.

3. The methodology emerged in a timely manner and fulfilled the assigned functions and tasks on it (to identify the level of mental development of young children, in order to prevent its inhibition).

4. The methodology comprehensively includes the study of both biological and social manifestations of children’s mental development.

5. The methodology organically combines the study of both arbitrary and non-arbitrary manifestations of the psyche. Since R.S. Nemov says that this is an important component of successful diagnosis of the mental development of children of early preschool age.

Regarding the shortcomings of the methodology for diagnosing the development of young children we will give the following.

1. First of all, this is a materialistic, era-dictated approach to diagnosing children's development. The authors refer to the external, general manifestations of development, without delving into the internal, existential manifestations of the children's psyche. Although the authors claim to be a “comprehensive” and not a test method, they conduct only a quantitative calculation of the results, not a qualitative one, without delving into the causes, motives and factors. “Based on the concepts of materialistic psychology, we developed our method not as a test method, but as a method that relies on the regular, gradual and consistent emergence and manifestations of various aspects of the child's psyche, if we consider these manifestations of various aspects of the psyche as a consequence of the interaction between external conditions and internal causes, as manifestations of biological and social with the decisive role of the latter”.

2. This method of diagnosis does not cover all the most important aspects of development, such as memory, attention, concentration, etc., and the study is reduced, as mentioned earlier, to a list of physical manifestations, moreover, not of primary importance (artistic activity).

However, the method proposed by V. Manova-Tomova for diagnosing the children’s development in early childhood has the right to exist and can be used by

modern psychologists in their practice to diagnose certain aspects of the development of babies, although it cannot be recognized as comprehensive and used totally.

*Peculiarities of psychological and pedagogical study of children aged from birth to three years of life*

At the age of one to three years, there is an active development of the child's psyche, which affects the further development and formation of a person's creative abilities in the future. That is why in early childhood it is necessary to regularly examine the state of mental functions. It is useful for parents to know that this examination is carried out according to certain rules.

1. An adult, a specialist who performs the examination, should not cause unpleasant emotions in the child. It is important to take into account that the enthusiastic and positive reaction of the child to the researcher, as well as the negative one, is a significant obstacle for assessing the state of the child's psyche. Therefore, the most favorable condition will be the one in which the child trusts the adult, comes in contact with him, but at the same time prefers not other activities, but communication.

2. A mental examination should be carried out when the child is physically healthy and does not feel physical discomfort. Being hungry, wanting to sleep, or having wet pants can obviously impair the results of the test.

3. It is not possible to forcefully tear a child away from an activity that is interesting to him in order to conduct an examination. The reaction of dissatisfaction inhibits the manifestation of intelligence. Parents, a doctor or an educator must first focus the child's attention on their actions (get them interested), find a common language with the child, and only then start working.

4. The examination should take place in a playful, relaxed manner. It consists in the fact that an adult should offer a child to perform this or that task. A child cannot be demanded, let alone ordered, to perform tasks. When the work is carried

out correctly, the child gets pleasure from it, and in accessible ways expresses positive emotions from the process of his activity. The child should like the activity, because the result of the actions is not important for him.

5. First of all, it is necessary to determine whether this child has expressive means for completing tasks. It is pointless, for example, to offer a child with a motor disorder to build a house from cubes (estimate the level of generalizations in the task "what is a house like"), and to tell a child with severe speech disorders about a house (with the same goal in the same task).

6. If the child has increased mental excitability, most of the tasks are carried out in the form of outside observation of his independent behavior. At the same time, an adult only provides a variety of game material. The child uses all objects at his discretion. Information about the child's psyche is contained in the choices he made, forms of activity and persistence of attention to the chosen subjects.

7. With increased mental fatigue, the baby gets tired quickly and cannot focus his attention on one and the same object for a long time. Then limit the examination time or divide the examination into a large number of short sessions. At the same time, it is worth remembering that each session should be a completed task for the child. In addition, an adult, when working with a child who gets tired quickly, is obliged to encourage her to perform the proposed task with an expression of approval.

We will present the criteria for the mental development of a child from birth to three years of age.

Criteria for mental development of children ***from birth to one year***:

1. Visual orienting reactions.
2. Auditory indicative reactions.
3. Emotions and social behavior.
4. Hand movements and actions with objects.
5. General movements.
6. Preparatory stages of speech comprehension development.
7. Preparatory stages of active speech development.

8. Orientation in regime processes.

Criteria for the mental development of children ***aged one to two years***:

1. Speech comprehension.
2. Active language.
3. Sensory development.
4. Play and actions with objects.
5. Movements.
6. Skills.

Criteria of mental development of children ***from two to three years old***:

1. Active speech.
2. Sensory development (orientation in colors, volumes, sizes).
3. Game.
4. Design activity.
5. Artistic activity.
6. Self-care skills

The starting positions for the development of psychological and pedagogical diagnosis of children of early preschool age are the theoretical positions that form the basis of diagnosis: the cultural-historical concept of mental development of L.Vygotsky; O. Leontiev's theory of leading activity; periodization of mental development of D. Elkonin; the concept of communication between children and adults by M. Lisina; position of I.Pavlov that the younger the organism, the more plastic the nervous system and it flexibly reacts to external influences.

L. Fedorovych on the basis of the "Zernyatko" Early Childhood Development and Education Program (2004), developed and adapted a complex methodology and didactic material. The "Baby" box for young children allows optimal diagnosis with the help of toys and observation of the child's psychophysiological development in the conditions of educational institutions, psychological-medical-pedagogical consultations and the family, as well as the identification of potential development opportunities and the organization of psychological-pedagogical support according to the child's personal needs – compensatory, consultative-diagnostic or corrective-

developmental.

The diagnostic stage consists of several levels:

1 level. Screening-diagnostics, which makes it possible to identify “suspicions” regarding a deviation in development. The main method at this level is screening for risk factors.

2nd level. Clinical examinations, which are carried out by specialist doctors on the basis of medical institutions. for this purpose, examinations of hearing, vision and nervous system are carried out.

3rd level. Complex medical-psychological-pedagogical diagnosis is carried out by a neurologist, a psychologist and a special education teacher.

4th level. In-depth psychological and pedagogical diagnosis of the functional characteristics of the child, which is carried out in order to develop an individual development program.

5th level. Assessment of the dynamics of the child's development (using the same methods as at level 4). depending on the problems identified at the previous levels of diagnosis, each specialist can use different methods for an in-depth study of the child.

According to the “Zernyatko” Program (2004), the development and upbringing of a young child is carried out along cross-cutting educational lines: physical, emotional-social, cognitive, speech, ecological, and artistic-aesthetic development, the content of which is specified at each age stage. This separation of educational lines is conditional; however, each line is based on specific indicators of the child’s development of a given age stage, which allows one to navigate the dynamics of changes and the timing of the appearance of neoplasms.

For parents of young children, an electronic version of the “Diary of psychological-pedagogical observation and examination of the early preschool children’s psychophysical development” has been worked out, where the methodological support for dynamic psychological-pedagogical observation of the child's development is divided according to developmental lines and indicators (taking into account epicresian terms): every month for a child of the 1st year, every

three months for the 2nd, every six months for the 3rd year of life. The results are observed and several evaluations are summed up by the sum of points periodically and parents are offered to draw a conclusion about the development of their own child. For psychologists and teachers, a complex express methodology for examining the cognitive development of a child in the 1st, 2nd, and 3rd years of life using the “Baby” diagnostic box has been worked out.

The methodology for a child of the 1st year of life involves the use of 8 tasks, namely: “Establishing contact with the child”, “Collect a 3-membered pyramid”, “Put the ball in the box”, “Cube”, “Cube and ball”, “Motriika”, “Subject pictures”, “What sounds”.

For a child of the 2nd year of life, it is envisaged to use 12 tasks, namely: “Establishing contact with the child”, “Put the ball in the box”, “Collect the 3-membered pyramid”, “Color cubes”, “Collect the rings by color”, “Motriika”, “Cart”, “Colored sticks”, “Paired pictures”, “Torn pictures”, “How who speaks”, “What does it sound like”.

For a child of the 3rd year of life, 15 tasks are expected to be used, namely: “Establishing contact with the child”, “Put the ball in the box”, “Collect a 3-4-fold pyramid”, “Collect a 5-fold pyramid”, “Colored cubes”, “Collect the rings by color”, “Collect the rings on a rope”, “Three-wheeler”, “Cart”, “Colored sticks”, “Paired pictures”, “Torn pictures”, “Pictures with missing elements”, “Feed the animals”, “What sounds”.

Therefore, the dynamic course of psychophysical development of young children, regardless of their location, can be determined under the conditions of implementation observation of parents and diagnosis by specialists using the complex methodology and didactic material of the diagnostic box “Baby” and the coincidence of their results.

As practice shows, on the basis of the results of diagnosis and detection of a child's developmental delay or disturbance, appropriate methods of correction of detected deviations are selected, an individual complex habilitation, rehabilitation, or corrective and developmental program of development and upbringing of the

child is developed monthly on the first month, for three months – on the second, and on six months – in the third year of life according to the directions: physical development, emotional and social development, cognitive development, speech development, ecological development, artistic and aesthetic development. The results of diagnosis can be used for individual counseling of parents, educators or medical specialists (pediatrician, neurologist, psychoneurologist, psychiatrist, etc.).

Therefore, the worked out and tested comprehensive psychological and pedagogical diagnosis of young children solves the main tasks of special pedagogy and psychology regarding the identification of the primary defect and the prognosis of the organization of the corrective and developmental process and the successful formation of compensatory mechanisms of violations and the prevention of possible secondary consequences, which can to a large extent, and sometimes and completely neutralize the effect of the primary disturbance on the course of the child's psychophysical development and will have a positive effect on his personal development, because it is often impossible to achieve a positive impact and full compensation in another period.

*Recommendations for the psychological and pedagogical study of children of the first year of life*

The main form of life activity of a newborn child is his emotional communication with adults, on which the further physical and mental development of the child depends.

Usually, diagnostic studies of children begin after 1.5-2 months. The objects of such study are children with signs of early organic brain damage, with sensory disorders or those who are in conditions of social or emotional deprivation, for example, in the conditions of a children's home or when the child is emotionally rejected by the mother.

There are several methods of studying the psychophysical development of children in the first year of life. The Gesell Development Scale, the Denver

Screening Method (DDST) and some others have gained wide popularity in our country. Among the current methods, we can mention “Small steps”, Portage, Karolina studies by G.Pantyukhina, K.Pechora, E.Frucht, O.Bazhenova, L.Zhurba, O.Mastyukova.

Usually, all methods are built according to one principle: they include groups of tasks aimed at studying the motor, speech, cognitive, and social spheres. In accordance with age changes, these tasks become more difficult. The results of the child's study are evaluated by comparing them with indicators of normotypical development. The methods provide an opportunity to find out whether the formation of the child’s psyche is within the norm or not. In case of lag, which areas are most affected. It is interesting that the requirements of domestic methods are slightly higher than those of foreign ones, this is especially evident when assessing speech development, ways of interacting with adults, and emotional reactions.

*Recommendations for the psychological and pedagogical study of children aged 1 to 3 years*

To solve the diagnostic tasks of the study of young children successfully, a certain tactic of conducting the examination is required. First of all, it should be noted that the results of the examination will be valuable only if friendly contact was established with the child, and the child was sufficiently interested during the tasks. The tactics of the examination are determined by the age and condition of the child, which significantly affects and optimizes the performance during the examination. Therefore, it is important to focus on the general background of the child's mood and on the formation of a relationship of trust between the child and the teacher. The main goal of the psychological and pedagogical study of the child is to obtain data characterizing the following:

- cognitive processes;
- emotional and volitional sphere;
- agreement and speech development;

• motor development.

Before starting the diagnosis of the child’s mental development, it is necessary to make sure that he does not have significant hearing and vision impairments.

A necessary condition for diagnosis is the naturalness of experimental situations, the child’s emotional comfort, and his or her well-being. The decisive role in creating such an environment belongs to the psychologist conducting the diagnosis. Diagnosis must be carried out in the presence of the mother or another person close to the child. Sometimes it is possible to offer the mother herself to carry out the diagnosis by tasks under the supervision of a psychologist.

The complex technique can be used in diagnostic or prenatal centers, counseling centers, hospitals, children's homes, polyclinics and children's educational institutions. The criteria for evaluating the activities of preschool children are defined as: contact, acceptance and understanding of the task; methods of task performance; ability to imitate, learnability in the examination process; attitude to the result of one's activity.

Contact, acceptance and understanding of the task presupposes the child's consent to perform the proposed task, mutual understanding and interaction with an adult, showing interest in tasks and communication with an adult.

When observing and examining young children, the ways of performing the task are noted: independent performance of the task; performance of the task with the help of an adult (experimental training is possible up to 3 times); independent performance of the task after training. Adequate actions mean: compliance of the child's actions with the purpose of the given task, the nature of the didactic material and the requirements of the adult’s instructions. Forceful or chaotic actions without taking into account the properties of objects are considered primitive

and instructions. Inadequate actions when completing the task indicate a violation of the child's development. The following types of assistance are permissible: performance of imitation actions; by imitation using pointing gestures; after exposure using verbal instruction.

The attitude to the result of the activity is manifested by interest in the activity

and the final result, which is typical for children with normal development, and an indifferent attitude to the result – for a child with disorders. The results of the tasks are reflected in a quantitative assessment in points:

0 points – in cases when the child does not interact with an adult, behaves inadequate to the task and does not understand its purpose.

0.25 points - in cases where the child perceives the task, begins to work with an adult, strives to achieve the goal, but cannot complete the task independently, acts adequately in the process of diagnostic training, but after training does not proceed to independent performance of the task.

0.5 points – the child receives if he interacts with an adult, perceives the task, understands its purpose, but does not perform the task independently; acts adequately in the process of diagnostic training, and then moves to an independent way of performing the task.

0.5 points – the child receives if he interacts with an adult, perceives the task, understands its purpose, but does not perform the task independently; acts adequately in the process of diagnostic training, and then moves to an independent way of performing the task.

1 point – the child receives if he immediately begins to interact with an adult, accepts and understands the task and independently finds a way to fulfill it.

The total number of points received by the child when completing the tasks, is an indicator of cognitive development and makes it possible to determine (high, sufficient, average, low) the level of cognitive development of a child in the 1st, 2nd, 3rd year of life.

However, objective conclusions regarding the psychophysical development of children are possible provided that the results of parents' observation of the educational lines of physical, emotional-social, cognitive, environmental, speech, and artistic-aesthetic development, respectively, coincide with the results of experimental diagnosis of cognitive development by specialists by level (high, sufficient, medium, low).

## 1.3. Diagnostic examination of preschool children

Preschool age (from 3 to 6 years) is a responsible period of life. At this age, significant changes occur in the child’s mental development. Cognitive activity increases significantly: perception develops, visual thinking, the beginnings of logical thinking appear. The development of cognitive abilities is facilitated by the formation of semantic memory and voluntary attention. The role of speech is growing both in the child's knowledge of the world around him and in the development of communication and various types of children's activities. Preschoolers have the opportunity to perform actions with the help of verbal instructions, learn knowledge based on explanations, but only when relying on clear visual material. The basis of cognition for this age is sensory cognition - perception and visual thinking. It is on how a preschool child's perception, visual-active and visual-figurative thinking is formed that his cognitive abilities, further development of activity, language and higher, logical forms of thinking depend. During this age period, children develop spatial ideas that play a major role in the child's overall mental development and serve as the basis for mastering elementary arithmetic operations and mathematical concepts.

An important qualitative asset of preschool age is the appearance of play as the first and main type of joint activity of children. The game is the leading activity of a preschool child, in the process of which socialization of a growing personality takes place, assimilation of knowledge, values and cultural norms inherent in the social community. Along with play, so-called productive activities develop in preschool childhood. The intensive development of all mental functions and the expansion of the range of practical activities form a preschooler's cognitive attitude to the surrounding reality.

Preschool age is also characterized by intensive development of the child's personality. The development of the will begins, an internal assessment of the situation, deeds, actions is formed, attention is improved, the foundations of the moral development of the individual are laid. By the end of preschool age, the child's

readiness to study at school is formed.

Therefore, the issue of early psychological and pedagogical diagnosis of disorders in the child's development, establishing the structure and functions of the body, fixing the delay in the appearance of behavior expected for the age of the child, clarifying the nature of obstacles at the level of the body and in the environment, which complicate the development of a child with disorders, becomes relevant psychophysical development.

When it comes to children with complex disorders of psychophysical development, the diagnostic work consists primarily in identifying features that prevent normal development, assimilation of educational material and, in fact, determine special needs that distinguish such children as a special category.

Pedagogical diagnosis of children with complex developmental disorders is an important and relevant direction of pedagogical work, necessary for early detection of possible disorders, planning of individual corrective and preventive measures aimed at equalizing certain aspects of the mental and physical development of a preschool child. The importance of such work is related to the exceptional importance of the early stages of mental ontogenesis for personality development. It is in preschool age that there are wider opportunities for correction due to great plasticity, sensitivity to influences, directed to optimize the child's mental development.

Pedagogical diagnosis helps to build the pedagogical process in the most effective way, to approach children's education and upbringing creatively, to provide conditions for everyone's personal development. It is used both to assess the current state of the child and to identify the zone of immediate development, which gives an idea of his potential opportunities.

Carrying out such a diagnosis when a child enters an educational institution helps to determine the ways and methods of educational work of teachers and parents during the adaptation period. Along with this, psychological-pedagogical diagnostics is used as a means of current control of the mental development of the child and for individual counseling at the request of parents, helps to timely identify

delays and deviations in this area, determine their causes, if necessary, choose appropriate correction methods that involve the creation adequate psychological and pedagogical conditions.

There are various models of psychological and pedagogical diagnosis of preschool age, which differ in the method and purpose of obtaining information about the child, the procedure for conducting the diagnosis, and the method of analyzing the received data. Conventionally, they can be divided into two categories: “standardized measuring methods (tests)” and “clinical ones”.

Diagnostic examination of preschool children When conducting an examination of preschoolers, a number of conditions should be observed that will ensure a more objective assessment of their condition:

- establishing emotional contact;

- presentation of tasks from the easiest option to create a situation of success, which causes a desire for further work with the teacher;

- alternation of verbal and visual methods to prevent fatigue;

- game nature of tasks;

- accounting of the level of development of cognitive activity.

Pedagogical diagnosis of children is carried out during the usual activities for them: classes, games, independent activities, walks, other routine moments, during which the educator observes the behavior of children, the peculiarities of their communication, interests, achievements, etc. However, diagnosis includes special diagnostic procedures that also take place in a familiar environment: in game mode, conversations, classes or mini-classes with individual children. Already from the first younger group, a pedagogical examination of the level of development of children can be carried out according to the most significant age-related knowledge, abilities and skills (formation of ideas about the environment, formation of social and everyday, sensory-cognitive and psychomotor skills, elementary mathematical and communicative and speech skills).

When choosing methods for diagnostic examination of preschool children age, it is necessary to take into account psychological age-related neoplasms: the

level of development of perceptual actions, visual thinking, the leading activity – playing, as well as typical types of activity – construction and drawing.

An important task of the examination of children in the 4th-5th year of life is to study the level of development of their cognitive activity and to identify the ways in which they can perform the proposed tasks:

- the method of chaotic actions;
- sorting through options for completing tasks;
- method of targeted samples;
- with the help of visual orientation.

At the same time, the level of independence in performing tasks, the acceptance of help by the child, and the productivity (quality) of the work performed are taken into account. Children with normotypical development at the age of 4-5 perform practical exercises through purposeful tests. Children with disabilities will perform the above-mentioned practical exercises in a chaotic manner.

At this age, story-role play appears in children; representation of the plot in productive activities (drawing, construction, etc.). The study of the state of formation of children's plot-role play activity is carried out in the process of purposeful pedagogical observation, which is carried out by the teacher in specially created, but familiar conditions for the child (in a group room or on a walk). During the examination, game material is used, which is selected according to the age of the children and contributes to the actualization of their social experience. Instructions for performing game actions during the examination can be presented both verbally and non-verbally (depending on the individual abilities of the child). In the process of observation, the following are noted: the expression of interest in game material, the content of game actions, methods of action with toys, the presence of game associations (groups) of children (their quantitative composition, duration of existence), the presence of roles, emotional and speech manifestations. To obtain more complete information about the state of formation of children's play activities, it is recommended to carry out the examination multiple times. In addition, conversations are held with the parents, who find out what toys the child likes, how

he acts with them, which of his relatives he plays with at home, etc. The results of such a comprehensive study are the basis for planning work on the education of children with disabilities and allow for a more accurate formulation of corrective and educational tasks.

When examining children of the 5th year of life, the following must be taken into account psychological neoplasms: story role-playing game; reflection of the plot in productive activities. Developmental indicators such as solving problems by the method of practical fitting, and in some cases by the method of visual orientation, are also important.

The main purpose of the examination of children in the 6th year of life is a purposeful study of their psychological readiness for schooling. The concept of "psychological readiness for schooling" includes several important components: mental, motivational, emotional and communicative readiness (that is, the child's ability to build relationships with peers and new adults).

The main parameters of mental development of a preschooler can be considered:

- assimilation of knowledge;
- understanding the terms of the task;
- methods of execution (chaotic actions, trying on, purposeful tests, practical trying on, visual orientation);
- learnability in the examination process;
- attitude to the result of activity.

Clarification of specific features, in particular, perception of knowledge, understanding of the conditions of the task, methods of execution (chaotic actions, trying on, purposeful tests, practical trying on, visual orientation), learnability in the examination process, relation to the result of the activity is essential for the qualitative characterization of lag or deviations development of children.

In the case of individual developmental disorders, the external manifestations of learning often make it possible to reveal preserved potential. So, for example, with severe speech disorders (alalia, dysarthria, stuttering, as well as cerebral palsy),

the formation of perceptual actions (the internal component of learning) becomes significantly more difficult, slows down according to age norms, the picture of general development is distorted, and may lead to false conclusions. In such cases, the defining criterion of potential opportunities is the features of interaction with an adult. One of the principles of providing early assistance to children with psychophysical characteristics of preschool age is interdisciplinary interaction, which is manifested in a team approach to the implementation of pedagogical diagnostics and support.

An important role in the team is played by a psychologist who: studies the peculiarities of emotional and personal development. The main specialist who works with the child is a teacher (depending on the developmental disorder: correctional teacher, speech therapist, typhlopedagogue, deaf pedagogue, orthopedist). Its functions: study of the child and its family, development together with other specialists of an individual child development program and a plan of work with the family, conducting corrective classes, counseling parents on raising a child in the family, teaching parents pedagogical techniques for communicating with their child, maintaining appropriate documentation – personal affairs of children, individual development programs, conclusions regarding the results of correctional and pedagogical work with each child and his family, final psychological and pedagogical characteristics for each child and further recommendations.

As for providing a child development the specialist participates in working out an individual child development program and a plan for working with the family; provides psychological support for the development of the child, advises parents on raising a child in the family, provides psychological assistance to parents, keeps relevant documentation, in particular, maps of psychological examination of children, a journal planning and recording classes, report on work results.

Obligatory members of the support team are medical workers: a doctor of the relevant specialty (child psychiatrist, ophthalmologist, otolaryngologist, orthopedist, physiotherapist, neurologist, etc.), a nurse.

The teacher works with the child while the special education teacher or

psychologist consults the parents; participates in the organization of children's collective activities.

Music director: participates in the study of the child, drawing up individual development programs, conducts individual and subgroup music lessons, organizes holidays and entertainment, advises parents on the role of musical means in the child’s development, keeps documentation (lesson plans, reports).

Physical education instructor: participates in the study of the child, drawing up individual programs for his development, conducts individual and subgroup physical education classes, advises parents on issues of physical development and hardening of the child, keeps documentation (class plans, reports).

One of the most important members of the team are the child’s parents. They must: carefully follow the changes in the child’s development, provide all the necessary information about his development to specialists, follow the recommendations of specialists in education and corrective and developmental work, create the necessary conditions for this in the family.

Summarizing the above, it is worth emphasizing that a complex psychological and pedagogical diagnosis of a child's development is carried out individually in such areas as: physical, speech, cognitive, emotional-volitional development and educational activity of the child. This form of diagnosis is especially significant today development of preschool children, when parents of pupils are involved in it. Already at the beginning of the school year, parents can be offered a list of all indicators of the child’s assimilation of knowledge, skills and abilities for the school year (it is possible by sections of the program or by educational lines) for independent assessment of the level of its development and note in it the knowledge that the child already has at the beginning school year. At the end of the school year, parents should be offered to repeat the procedure and compare the level of the child's development with that at the beginning of the school year, evaluate his own achievements and plan further educational work. The teacher compares the results of the diagnosis conducted by the parents with his own and makes appropriate conclusions regarding the level of the child's development. It is undesirable to report

the immediate results of a child's pedagogical diagnosis to other children, parents, or familiar adults. The teacher should only provide parents with concrete methodical recommendations and advice on how to help the child in his development from certain sections of the program, educational lines, how to achieve better results in preparing the child for school together with them. The results of pedagogical diagnostics are compared only with their own achievements of the child during a certain period. Only with the correct organization of the educational process by the educator in close cooperation with parents, as practice shows, the child's level of development gradually increases, and by the end of the school year he can move from a low level to an average level, and from an average level to an above average or even a high-level development.

Therefore, every modern teacher, evaluating the effectiveness of his activities, analyzing the effectiveness of educational programs and methods of education, should rely on pedagogical diagnostics. The content of pedagogical diagnostics is recording the results of development, education and upbringing of children for a certain period of time (month, quarter, six months, school year). The concept of "diagnosis" has a wider and deeper meaning than the concept of "testing the knowledge, abilities and skills" of children. The latter only states the results, without explaining their origin, while diagnostics involves control, verification, evaluation, accumulation of statistical data about the child, their analysis, considers the results of the child's development, taking into account the methods of achieving them. In order to improve the quality of preschool education, on the basis of pedagogical diagnostics, the process of education, upbringing and development of preschoolers is adjusted, possible difficulties and violations are predicted, and ways to prevent them are determined.

*Pathopsychological examination of preschool children*

Analyzing the mental activity of preschool children, it is necessary to have data on the level of their motor and speech development, features of functioning

cognitive and emotional-volitional sphere. Speech development of a child up to the age of three reaches a high level. The child builds simple sentences correctly (taking into account the rules of morphology and syntax) and begins to use complex ones.

At the age of three and a half, children can already conduct a dialogue, maintain a topic of conversation, reason, explain, independently process a phrase so that an adult better understands what it is about.

By the age of four, children master the norms of polite behavior, understand the meaning of indirect requests: for example, to ask something from an adult, they use not only “please”, but also detours. Children over the age of four understand the difference in communication style: they keep their distance with adults, their speech is more polite; they speak differently to older children than to younger ones. If non-compliance with these norms is found, the question arises about whether the child has mental underdevelopment or other disorders of mental activity.

The experimental part of the pathopsychological examination is conducted in a game form. Tasks aimed at identifying the level of development of cognitive processes should be combined into one game plot.

With the normal development of a child by the end of preschool age, mental operations preceding abstraction (analysis, comparison, generalization) are already carried out concisely. Difficulties in establishing contact are noted in children with a high level of anxiety, slowness, and neurotic reactions. Withdrawal from contact is observed in autistic children. Ease of contact, combined with superficiality (and hence its inferiority), may be associated with intellectual underdevelopment.

A serious reason for a more in-depth examination of the child is the lack of his reaction to approval. This means that the child either does not understand the content and meaning of approval, or is indifferent to the assessment of an adult. On the contrary, a sharp improvement in the performance of tasks after approval is characteristic of neurotic children, which is explained by a decrease in their emotional stress. The lack of reaction to remarks indicates either an intellectual decline (that is, the child simply does not understand the meaning of the remark and therefore does not perceive it as an adult's instruction), or excessive capriciousness,

when restrictions and instructions are unfamiliar to the child.

Observing the child's reaction to difficulties and failures in activities is very informative. Normally, children identify their mistakes themselves and, reacting to it with expressions ("Oops!", "Wrong!", "Not so!", "But how?"), concentrate on reworking the task, trying to achieve the correct result, and turn to, if necessary, to help an adult. If a child, faced with difficulties in performing a task (or after pointing out an error), begins to randomly go through the options for solutions (which prevents correct orientation), but still seeks to perform the task to the end, then this indicates her neuroticism. Unreasonably loud stupid laughter or crying in these cases is characteristic of children with neurotic reactions, as well as of kapos children. Motor disinhibition, manifested in response to failure, is noted in children with minimal brain dysfunctions and more serious cerebral disorders. This is expressed in the fact that the child begins to quickly and inappropriately manipulate objects, loses the purpose of actions and does not complete the task. The child's active refusal to perform the task (if difficulties arise) is often manifested in the form of aggressive actions that destroy the experimental situation. This type of reaction is noted with organic excitability, deviations in personal development, pathocharacterological features. Passive refusal to complete the task (that is, when the child silently stops working and does not even try to correct the mistake) is observed in children with inertia of mental processes (that is, when the child understands his mistake, but cannot perform the task correctly, for a long time thinking about what to do next). If a child older than three years old constantly turns to an adult, all the time asking if he is acting correctly, this may be either a sign of infantilism, or a consequence of upbringing according to the type of hyperopia.

Peculiarities of emotional and volitional regulation in preschoolers are well revealed in the game. Starting from the age of three, children already take into account the functional properties of toys, use substitute actions, can perform a certain role in the game. During collective games, the child's ability to learn the rules of the game, his purposefulness and activity, the desire for dominance or subordination are revealed. For purposeful detection of emotional reactions to failure, games with

programmable winnings and losses are used. The creation of such standard conditions of alternating success and failure makes it possible to determine the degree of tolerance of children to negative emotions.

Children of preschool age have a number of psychological and behavioral characteristics, the knowledge of which is necessary in order to obtain reliable results in the process of their psychodiagnostic examination. These features primarily include a relatively low level of consciousness and self-awareness.

When we speak about the relatively low level of self-awareness development of preschoolers, we attach the following meaning to it: children - preschoolers, especially under the age of four, are still quite weakly aware of their own personal qualities and are unable to give a correct assessment of their behavior. Their self-esteem and level of harassment have not yet developed enough to have a clear idea of themselves, their strengths and weaknesses.

Children of an older age, from four to six years old, already have such opportunities and are able to evaluate themselves as individuals, but still within limited limits, mainly those attributes of the personality and peculiarities of behavior that those around him repeatedly drew attention to when communicating with the child adult people.

It follows from this that the methods of personal and behavioral psychodiagnosis of children under the age of four should not include tasks and questions that are focused on the child’s self-awareness and require a conscious, balanced assessment of his own personal qualities. Violation of this rule can lead to the fact that the child will either not answer the questions asked, or will give answers to them mechanically, without proper understanding of the essence of the questions themselves.

Children aged four to six can already be offered personality and behavioral questionnaires based on adequate self-assessment. However, even in this case, it should be borne in mind that the self-esteem possibilities of a child of this age are still not limitless.

In this regard, when conducting personal and behavioral psychodiagnostics of preschool children, it is recommended to refer more often to the method of external, expert assessment, using as experts independent, professionally trained adults who know this child well. In older preschool age, you can add a child’s self-assessment to expert assessments, but still trust the judgments of adults about him more.

We note a feature related to the involuntary processes in preschoolers, which must be taken into account when performing their psychodiagnosis. Preschoolers will demonstrate their abilities in the process of psychodiagnosis only then, that is, show results that correctly reflect the level of their psychological development, when the methods themselves and the psychodiagnostic tasks available in them arouse and maintain interest in themselves throughout the psychodiagnosis. As soon as the child's immediate interest in the tasks being performed is lost, he ceases to show those abilities and aptitudes that he really possesses. Therefore, if we want to discover the actual level of the child's psychological development and its capabilities, for example, the zone of potential development, it is necessary in advance, by drawing up instructions and methods, to make sure that all this arouses the child's involuntary attention and is quite interesting for him.

It is necessary to take into account the peculiarities of the involuntary cognitive processes themselves, for example, the inconsistency of involuntary attention and the increased fatigue of children of this age, which is caused primarily by psychogenic factors. Therefore, the series of test tasks offered to them should not be made too long, which requires a large amount of time. The optimal time for completing test tasks for preschool children is considered to be between one and five minutes, and the younger the child, the shorter it should be.

Let’s consider some other features of psychodiagnostics of preschoolers by age group:

When conducting psychodiagnostics of children of younger and middle preschool age, one should keep in mind both the change in the form of play and the emergence of a new type of social activity that leads to the child's psychological development - interpersonal communication. Children of this age for the first time

begin to show interest in their peers as individuals and join them in joint games. Accordingly, the methods of psychodiagnostics should be developed so that they include not only observation of children in individual subject activities, but also in a collective story-role play. Its participants can be not only children, but also adults.

In addition, at this age, to a certain extent, it is possible to rely on the data of children's self-awareness and on the assessments that they themselves give to other children and adults. This especially applies to the manifestation of various individual qualities in communication with the surrounding people.

In the older preschool age, games with rules are added to the mentioned activities and, in addition, elementary reflexive abilities arise. Older preschoolers are not only aware of and guided in their behavior by some rules of interpersonal interaction, especially in games, but within certain limits they can, engaging in one or another type of activity, such as learning and playing, analyze their own behavior in it, give evaluations to themselves and the people around them. This opens up an opportunity for the use at this age of psychodiagnostic techniques that are usually used to study the psychology of schoolchildren and adults. This primarily refers to the methods of researching cognitive processes, but it also partially applies to personality and interpersonal relationships.

**Method of diagnosis of perception**

**Method "What is missing in these pictures?"**

The essence of this technique is that the child is offered a series of drawings. Each of the pictures in this series is missing some essential detail. The child receives the task of identifying and naming the missing detail as quickly as possible.

The specialist conducts psychodiagnostics with the help of a stopwatch, records the time spent by the child on completing the entire task. Working time is evaluated in points, which then serve as the basis for a conclusion about the level of development of the child's perception.

**Evaluation of results**

10 points – the child coped with the task in less than 25 seconds, while naming all 7 objects missing from the pictures.

8-9 points – the child's search time for all missing objects took from 26 to 30 seconds.

6-7 points – the search time for all missing items took from 31 to 35 seconds.

4-5 points – the search time for all missing items was from 36 to 40 seconds.

2-3 points – the search time for all missing items was found to be between 41 and 45 seconds.

0-1 points – the search time for all missing parts was more than 45 seconds in total.

**Conclusions about the level of development**

10 points is very high.

8-9 points – high

4-7 points – average.

2-3 points – low.

0-1 point – very low.

**Methods of diagnosis of attention**

**The "insert icons" method.**

The test task in this method is designed to assess the switching and distribution of the child's attention. Before starting the task, the child is shown a picture and explained how to work with it. This work consists in putting in each of the squares, triangles, circles and rhombuses the sign that is given above on the sample, i.e., respectively, a tick, a dash, a plus or a dot.

The child works continuously, performing this task for two minutes, and the overall indicator of switching and distribution of his attention is determined by the formula:

**S = 0,5 * N - 2,8 n**

where S is an indicator of switching and distribution of attention;

N – the number of geometric shapes viewed and marked with appropriate signs within two minutes;

n is the number of errors made during the execution of the task. Errors are considered to be incorrectly placed icons or missed, i.e., NOT marked with appropriate signs, geometric shapes.

**Evaluation of results**

10 points – the S score is more than 1.00.

8-9 points – the S indicator is in the range from 0.75 to 1.00.

6-7 points – the S indicator is in the range from 0.50 to 0.75.

4-5 points – the S indicator is in the range from 0.25 to 0.50.

0-3 points – the S indicator is in the range from 0.00 to 0.25.

**Conclusions about the level of development**

10 points is very high.

8-9 points – high.

6-7 points – average.

4-5 points – low.

0-3 points – very low.

**“Memorize and place the dots” method.**

With the help of this technique, the scope of the child’s attention is evaluated. Tired material is used for this. The sheet with dots is pre-cut into 8 small squares, which are then stacked in such a way that a square with two dots appears at the top, and a square with nine dots at the bottom (all the others go from top to bottom in order with the number of dots successively increasing on them).

Before starting the experiment, the child receives the following instruction:

“Now we will play a game of attention with you. I will show you one by one the cards on which the dots are drawn, and then you yourself will draw these dots in the empty cells in those places where you saw these dots on the cards”.

Next, the child is shown successively, for 1-2 seconds, each of the eight cards with dots from top to bottom in the stack one by one, and after each next card, he is asked to reproduce the dots he saw in an empty card in 15 seconds. This time is given

to the child so that he can remember where the points he saw were located and mark them on a blank card.

**Evaluation of results**

The child's attention span is considered to be the maximum number of dots that the child was able to correctly reproduce on any of the cards (the card on which the largest number of dots was correctly reproduced is selected). The results of the experiment are evaluated in points as follows:

10 points – the child correctly reproduced 6 or more dots on the card in the allotted time.

8-9 points – the child correctly reproduced 4 to 5 dots on the card.

6-7 points – the child correctly memorized 3 to 4 dots.

4-5 points – the child correctly reproduced from 2 to 3 dots.

0-3 points – the child was able to correctly reproduce no more than one dot on one card.

**Conclusions about the level of development**

10 points is very high.

8-9 points – high.

6-7 points – average.

4-5 points – low.

0-3 points – very low.

**Diagnostic methods of imagination**

**"Invent a story" method.**

The child is given the task to come up with a story about anyone or anything, spending only 1 minute on it, and then retell it within two minutes. It may not be a story, but, for example, a fiction or a fairy tale.

**Evaluation of results**

The child's imagination in this method is evaluated according to the following characteristics:

1. The speed of coming up with a story.

2. Unusualness, originality of the plot of the story.

3. Variety of images used in the story.

4. level of processing and detailing of the images presented in the story.

5. Vulnerability, emotionality of the images in the story.

For each of the mentioned signs, the story can receive from 0 to 2 points, depending on how much one or another sign from the above is expressed in it. The following criteria are used to draw conclusions about this.

According to the first sign, the story receives 2 points if the child managed to come up with this story within no more than 30 seconds. 1 point of the story is given when it took from 30 seconds to 1 minute to come up with it. The story receives 0 points for this feature if the child was unable to come up with anything in a minute.

The unusualness, originality of the plot of the story (the second feature) is evaluated as follows. If the child simply mechanically retells what he once saw or heard, then his story receives 0 points for this feature. If the child brought something new from himself to what he saw or heard, then the story gets 1 point. Finally, if the plot of the story is completely invented by the child himself, unusual and original, then he gets 2 points.

According to the criterion “variety of images used in the story” (the third feature), the story receives 0 points, if it invariably talks about the same thing from the beginning to the end, for example, only about a single character (event, things), and with very poor characteristics of this character. A story is scored 1 point for the variety of images used if it contains two or three different characters (things, events), and all of them are characterized from different angles. Finally, a story can receive a score of 2 points only when there are four or more characters (things, events) in it, which, in turn, are characterized by the narrator from different angles.

Evaluation of elaboration and detailing of images in the story (fourth feature) is carried out in this way. If the characters (events, things, etc.) in the story are only called a child and are not further characterized, then the story is evaluated at 0 points for this feature. If, in addition to the name, one or two other signs are indicated, the

story is given a score of 1 point. If the objects mentioned in the story are characterized by three or more features, then he receives an assessment of 2 points.

The vulnerability and emotionality of images in the story (the fifth feature) is evaluated as follows. If the images of the story do not make any impression on the listener and are not accompanied by any emotions on the part of the narrator himself, then the story is evaluated at 0 points. If the narrator himself has barely expressed emotions, and the listeners also have a weak emotional response to the story, then he receives 1 point. Finally, if both the story itself and its transmission by the narrator are quite emotional and expressive and, in addition, the listener is clearly infected by these emotions, then the story receives a higher score - 2 points.

**Conclusions about the level of development**

10 points is very high.

8-9 points – high.

4-7 points – average.

2-3 points – low.

0-1 point – very low.

**Memory diagnostic methods**

**“Memorize the numbers” technique.**

This technique is designed to determine the volume of a child’s short-term auditory memory. In the task for her, the child receives the following instruction: “Now I will call you the numbers, and you repeat them after me immediately after I say the word “repeat”.

Next, the experimenter sequentially reads a series of numbers from top to bottom to the child with an interval of 1 second between the numbers. After listening to each row, the child must repeat it after the experimenter. This continues until the child makes a mistake.

**1) A B**

**9 3**

**2 4 7 9**

**3 8 6 1 5 4**

**1 5 8 5 6 8 5 2**

**4 6 2 3 9 3 5 9 6 1**

**4 8 9 1 7 3 7 9 6 4 8 3**

**5 1 7 4 2 3 8 9 8 5 2 1 6 3**

**1 4 2 5 9 7 6 3 4 2 7 0 1 8 9 5**

If a mistake is made, the experimenter repeats the adjacent row of numbers, which are on the right and consists of the same number of numbers as the one in which the mistake was made, and asks the child to reproduce it. If the child makes two mistakes in reproducing a series of numbers of the same length, then this part of the psychodiagnostic experiment is completed, the length of the previous series, which was reproduced completely and without error at least once, is noted, and they proceed to reading a series of numbers that go in the opposite order – in descending.

**2) A B**

**4 9 1 6 3 2 5 8 4 5 7 1 9 2 8 3**

**8 5 9 2 3 4 6 1 7 9 5 8 4 6**

**1 6 5 2 9 8 3 1 7 6 9 2**

**4 1 3 7 2 2 8 5 9 1**

**9 2 6 5 4 9 3 7**

**4 1 7 1 5 8**

**2 5 8 3**

**3 6**

In conclusion, the volume of the child's short-term auditory memory is determined, which is numerically equal to the half-sum of the maximum number of digits in a row correctly reproduced by the child in the first and second attempts.

**Evaluation of results**

10 points – the child correctly reproduced an average of 9 numbers.

8-9 points – the child correctly reproduced an average of 7-8 numbers.

6-7 points – the child was able to correctly reproduce an average of 5-6 numbers.

4-5 points – the child reproduced 4 numbers on average.

2-3 points – the child reproduced 3 numbers on average.

0-1 point – the child reproduced from 0 to 2 numbers on average.

**Conclusions about the level of development**

10 points is very high.

8-9 points – high.

4-7 points – average.

2-3 points – low.

0-1 point – very low.

**Techniques for assessing imaginative and logical thinking**

**“Seasons” method.**

This technique is intended for children aged 3 to 4 years. The child is shown a picture and asked, after looking carefully at this picture, to say what time of the year is depicted on each part of this picture. In the time allotted for this task – 2 minutes – the child will not only have to name the appropriate season, but also justify his opinion about it, that is, explain why he thinks so, indicate the signs that, in his opinion, indicate that this part of the picture shows exactly this, and not any other season.

**Evaluation of results**

10 points – in time, the child correctly named and connected all the pictures with the seasons, indicating at least two signs on each of them, which indicate that the picture depicts exactly this season (in total, at least 8 signs for all the pictures).

8-9 points – the child correctly named and associated all the pictures with the right seasons, while indicating 5-7 signs that confirm his opinion, in all the pictures taken together.

6-7 points – the child correctly identified the seasons in all the pictures, but indicated only 3-4 signs, confirming his opinion.

4-5 points – the child correctly determined the time of year on only one or two pictures out of four and indicated only 1-2 signs to confirm his opinion.

0-2 points – the child could not correctly identify any season and did not name any sign accurately (a different number of points, from 0 to 3, is assigned depending on whether the child tried or not to do this).

**Conclusions about the level of development**

10 points is very high.

8-9 points - high.

6-7 points - average.

4-5 points - low.

0-1 points - very low.

**Speech diagnosis methods**

**The "Word names" method.**

The technique determines the stock of words that are stored in the child's active memory. An adult calls a child a word from the corresponding group and asks him to independently list other words belonging to the same group.

20 seconds are allotted for naming each of the groups of words listed below, and 160 seconds for the entire task.

1. Animals.
2. Plants.
3. Colors of objects.
4. Forms of objects.
5. Other signs of objects, except for shape and color.
6. Human actions.

7. Ways of performing actions by a person.

8. Qualities of human actions.

If the child cannot start listing the necessary words himself, the adult helps him by naming the first word from the given group and asks the child to continue listing.

**Evaluation of results**

10 points – the child named 40 or more different words that belong to all groups.

8-9 points – the child named from 35 to 39 different words belonging to different groups.

6-7 points – the child named from 30 to 34 different words related to different groups.

4-5 points – the child named from 25 to 29 different words from different groups.

2-3 points – the child named from 20 to 24 different words related to different groups.

0-1 point – the child named no more than 19 words for the entire time.

Conclusions about the level of development

10 points is very high.

8-9 points – high.

4-7 points – average.

2-3 points – low.

0-1 point – very low.

**Ways of diagnosing thinking. Methods of diagnosing thinking in preschool children.**

**Memory test for children 6-7 years old. "Memorizing 10 words" by O.R. Luria**

The technique is intended for studying the process of voluntary memorization in children from 6-7 years old. The course of memorization itself gives an idea of stability and concentration of attention, of working capacity, of the child's abilities for rather boring purposeful activities. Held in silence. Tired material – 10 simple words, not related to each other in terms of content.

*For example: 1) year, elephant, ball, soap, salt, noise, river, floor, spring, son or: 2) mountain, saw, rose, soap, leg, feather, glasses, river, couch, bread*

It is advisable to have several such sets.

Instruction: "Now I want to check how well you know how to memorize words. I will tell you the words, and you listen to them carefully and try to remember them. Since no one remembers all the words the first time, I will read them to you several times. After each time, you will repeat all the words you have memorized, in any order". Instructions for the 2nd appearance: "Now I will repeat the words one more time, and you memorize and repeat after me everything that you have memorized, including those that you said last time". At the 3rd and 4th presentation, it is enough to say "Listen again", at the 5th – "Now I will read the words for the LAST time, and you will try to repeat more". In those cases when the child reproduces words very slowly and uncertainly, you can stimulate him with the words "More! Try to remember more!". After memorizing, the child engages in other tasks, and at the end of the study it is necessary to check how many words are left in his memory (delayed reproduction).

Normally, 3-5 words are reproduced at the first presentation, 8-10 at the fifth. Delayed playback – 7 - 9 words. The results are entered in the table.

RESEARCH PROTOCOL

| № | Mountain | Saw | Rose | Soap | Leg | Feather | Spectacles | River | Sofa | Bread | Additional words | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| In an hour | | | | | | | | | | | | |

Evaluation of results:

4 points – High level – remembered 9-10 words after the 5th presentation, 8-9 words with delayed playback.

3 points – Average level – remembered 6 - 8 words after the 5th presentation, 5 - 7 words with delayed playback.

2 points – Below average – remembered 3 - 5 words after the 5th presentation, 3 - 4 words with delayed playback.

1 point – low level – remembered 0 - 2 words after the 5th presentation, 0 - 2 words with delayed reproduction, or at the age of 6-7 years does not come into contact, or cannot organize himself to perform this activity.

## 1.4. Basic aspects of diagnosing a child’s readiness for schooling

Beginning studying at school is one of the most important events in a child's

life. The positive consequences of the child's physical and socio-psychological development are experienced and understood. Since many children today start school not at the age of seven, but at the age of six, many problems and questions arise. Therefore, it is necessary to know the psychology of a six-year-old student, because the difference between such children is huge.

Readiness for school in modern conditions is considered, first of all, as

readiness for schooling or educational activities. This approach is based on a view of the problem from the point of view of the periodization of the child's mental development and the change in leading types of activities. According to E.E.Kravtsova, the problem of psychological readiness for schooling receives its specification as a problem of changing the leading types of activities, that is, it is a transition from plot-role games of educational activities. Such an approach is relevant and significant, but readiness for educational activities does not fully cover the phenomenon of readiness for school.

For a very long time, it was believed that the criterion of a child's readiness for school is the level of his mental development. L.Vygotsky determined that readiness for schooling is not so much a quantitative reserve of imagination as the level of cognitive processes.

The proposed program is based on D. Elkonin's assertion that when studying children in the transition period from preschool to junior school age, "the diagnostic scheme should include diagnostics of both neoplasms of preschool age and the initial forms of activity of the next stage" and combines four definitions of the child's readiness for school: general, intellectual, motivational-volitional, personal-psychological ones.

I. General readiness. General state of health: growth, muscle tone, vision, hearing; fine motor skills of the hand, graphic skills ("Graphic dictation" by D. Elkonin); nervous system: degree of excitement and balance; development of gaming activities; visual-motor and visual-motor coordination (Kern-Jerasik test)

II. Intellectual readiness. The level of development of arithmetic skills (V.Tarasun's test); the level of development of mechanical memory (D. Wechsler's

test); analytical and synthetic skills (“Raven’s progressive matrices”); phonemic hearing and vocabulary development (V.Tarasun’s test); the ability to establish the sequence of events, the level of attention (D.Wechsler's test); learning (test by T.Witzlak); creative imagination (test by T.Witzlak); development of creative skills.

III. Motivational readiness

– level of involuntary (Kern-Jerasik’s and D. Veksler’s methods);

– the level of arbitrariness (the same methods);

– desire to attend school (“Yes and no” method).

IV. Personal and psychological readiness

– forms of thinking (test by T. Witzlak);

– basic ideas about natural and social phenomena (test by T. Witzlak);

– short-term memory;

– self-regulation;

– emotional condition.

Depending on the choice of one or another concept of the child's readiness for schooling, its main criteria are chosen and methods for their diagnosis are selected. But it should be remembered that indicators of a child’s readiness for schooling are a set of qualities and characteristics that indicate the child’s progress in development. These indicators should be considered as a diagnostic basis for the educational, developmental and educational activities of teachers already in the first grade. Based on the results of determining the child's readiness to study at school, cards are compiled.

The results of the child's readiness allow:

– to define specifically the focus of training;

– to obtain data for implementing an individual approach to the child in the educational process;

– to complete specialized and differentiated classes.

Depending on this, we highlight the following structure of components of child’s readiness to study at school: morphogenetic readiness (state of health (physiological maturity), level of physical development (level of formation of fine

motor skills), biological age; psychological readiness (intellectual, emotional-volitional, motivational); social readiness (social competence, communication skills).

Morphogenetic readiness means a sufficient level of development as physiological, physiological and anatomical-morphological functions and structures of children's body. This level should ensure the child’s endurance to corresponding loads and to carry impulses to further development.

An important component of this component is somatic and mental health of the child, the formation of means of a healthy lifestyle.

Intellectual readiness is related to the appropriate level of development of the child's cognitive sphere. But not only with the level reached: the factor of the ability of this sphere for further development, formation of higher mental functions, new and cross-functional psychological systems is important.

American psychologists consider the diagnosis of intellectual components of readiness for school to be the main thing. Most often, they pay attention to visual and auditory recognition (for example, listening comprehension), vocabulary, general awareness, level of sensorimotor development, understanding of quantitative relationships, etc. The most widely used national readiness test (MRT) in the United States is intended for the junior and middle groups of kindergarten (1st level), for the senior group and first graders (2nd level). For example, level 2 tasks include:

1) initial agreement (the child is shown 4 pictures, for example, a picture of a cat, a house, a clown, etc., and names each of them, then they are asked to select pictures that begin with a certain sound combination or sound (for example, “boo”);

2) sound-letter correspondences (each task consists of a picture and 4 letters. After the adult names the picture, the child chooses the letter that corresponds to the sound with which the name of the picture begins);

3) visual correspondence (it is necessary to match the image with another image. It can be a combination of letters, words, numbers, letter-like figures (artificial letters));

4) search for samples (intended to assess the ability to see combinations of letters, words, numbers, letter-like figures in large groups);

5) “school” language (determine how well the child understands basic and derived grammatical structures and concepts studied at school);

6) listening (finding out the understanding of the content of orally offered words, texts);

7) quantitative concepts (testing knowledge of the basic concepts of mathematics, for example, size, shape, quantity, etc.);

8) quantitative actions (optional) (assess the child's ability to count and perform simple mathematical operations).

In the intellectual sphere, the signs of a child's readiness for school are: differentiated perception, arbitrary concentration of attention, analytical thinking, a rational approach to reality, logical memorization, interest in classes, achieving results with one's own efforts, the desire to gain new knowledge, master spoken language by ear, the ability to understand and apply symbols, the development of fine hand movements and visual-motor coordination. In the emotional sphere, readiness for school is indicated by emotional stability and educational motivation (desire to learn). Signs of readiness for school in the social sphere are the need to communicate with other children, the ability to obey the interests and customs of the group, the ability to fulfill the social role of a schoolchild.

According to this classification, J. Jiracek created a school maturity test, which was later modified by A. Kern. It consists of three tasks: drawing a person, copying written sentences, drawing a group of dots. The authors of the test consider eye-motor coordination – the ability to control hand movements – to be the main signs of school maturity. In the first test, the creative and imaginative components dominate, in the second and third – volitional aspects (it is difficult and boring for a small child who does not know how to write letters to copy a complex pattern or dots on a sheet of paper).

The use of the Jirasek-Kern test requires a high professional qualification of the psychodiagnostic. In order to use it (as well as other graphic methods), in-depth

knowledge of the characteristics of the child's personal development is necessary, since testing can cause a strong emotional reaction in him.

Social readiness means the child's adequacy, his ability to live and develop in a social environment, have appropriate communication skills, verbal activity, the ability to defend his own position, tolerance, etc.

Social readiness means the child's adequacy, his ability to live and develop in a social environment, have appropriate communication skills, verbal activity, the ability to defend his own position, tolerance, etc.

1) the ability to transfer the role meaning from one object to another (making porridge from sand in a sandbox, riding a stick instead of a horse);

2) the ability to correlate the role with the rule ("as a prince, I must speak, command, order accordingly; as a guard - protect the prince; as a mother – take care of a child-doll, to teach, to punish");

3) the ability to obey the open rule of the game ("don't say yes and no, don't take black and white");

4) high level of development of visual thinking, correlation of visual and meaningful concepts;

5) use of symbolic means ("a line is a limit", "a stick is a horse");

6) the level of development of general ideas (awareness, elementary logical conclusions).

N. Gutkina, who proposed and tested the diagnostic program of psychological readiness for school, considers arbitrariness of behavior to be the central neoplasm in the child's psyche, which determines the success of studies in primary school. This program covers the following techniques:

a) determining the dominance of the cognitive or game motive in the affective sphere and content of the child's needs;

b) identifying the formation of the schoolboy's internal position (a specially constructed conversation with a preschooler);

c) "house" – the task of drawing a sample, which makes it possible to diagnose the features of voluntary attention, sensorimotor skills, the ability to work according

to a sample;

d) “yes and no” – diagnosing the ability to act according to the rule, which is a modification of the well-known game “do not say “yes and no”, do not take black and white”;

e) “boots” – definition of the ability to use a rule to solve a problem and features of the development of the generalization process;

e) “sequence of events” – studying the peculiarities of the development of logical thinking, speech and the ability to generalize;

e) “sound hiding places” – diagnosis of phonemic hearing.

On the basis of the examination of the child, a psychological map is drawn up according to this program.

*The task of diagnosing a child’s readiness for school*

It is necessary to clearly imagine the purpose of the diagnostic examination, namely: why test the child?

1. Determine to what extent the child's level of development corresponds to the norms that are typical for children of this age.

2. Learn about individual features of the child’s psychological qualities development. After all, some of them can be developed well, and some worse. The presence of certain underdeveloped qualities in a child can cause serious obstacles in the process of further education at school. With the help of methods and tests, these “weaknesses” can be identified in advance and appropriate corrections can be made (choose games and exercises aimed at developing the desired quality).

3. To assess the effectiveness of the means and methods used for child development. For example, a teacher who works with five-year-olds can test them with the help of a psychologist at the beginning of the school year and then at the end. A comparison of the obtained results will show which changes have occurred (and whether they have occurred at all).

4. To acquaint children with various tests (using similar tasks for this), so that

children thus prepare for those “verification exams” that they will encounter when entering school and at various stages of education in the future. Prior familiarization with typical test tasks will help children avoid excessive emotional tension or confusion during such exams, that is, the so-called “surprise effect”, and feel more confident and comfortable.

5. To select children for classes with a complicated program. Testing should take place in the presence of a small committee of teachers.

*Mandatory indicators of express diagnostics:*

- general readiness
- intellectual (cognitive) readiness
- motivational readiness
- personal and psychological readiness

Part I of express diagnostics: questions

During the first part, a practical psychologist asks the child questions, conducts a conversation with him.

An approximate list of questions for a conversation with a child

Name your surname, first name, patronymic

Names: surname, first name, patronymic of mother and father

Are you a girl or a boy?

Who will you be when you grow up – a woman or a man?

Do you have a brother or sister? Who is older?

Is it morning or evening (afternoon or morning)?

What do your mom and dad do?

Do you like to draw?

What color is this pencil? And the dress?

Point your finger to your right eye, left ear

What animals do you know?

What birds do you know?

Who is bigger: a cow or a goat? A bird or a bee?

Who has more paws: a dog or a cock?

Do you want to study at school?

Part II of express diagnostics: tests

The second part of the express diagnosis involves psychological tests of the child's readiness to study at school.

Approximate tests of the child's readiness for school

Vocabulary test

Test of phonemic hearing

Short-term memory test

A test of copying nonsensical syllables

A test of the ability to make the simplest inferences

A test to determine the level of mental activity

Children aged 6–7 years maintain the optimal level of mental capacity for a relatively short time. Therefore, the duration should be:

interviews - no more than 30 minutes.

testing – 15-20 minutes.

Part II of express diagnostics: results

After completing the express diagnosis, hold a final interview with the parents based on the results.

Record the results of the express diagnosis in the Card of express diagnosis of the child's readiness to study at school.

If high psychological indicators prevail, and there are no low ones at all, then the child's readiness for school is sufficient.

Given the advantages of low indicators, the conclusion by itself is the insufficient level of the child's psychological readiness to study at school.

Some tips for conducting an interview with a child

1. Provide a positive psychological atmosphere

the examination should take place in the presence of parents, which relieves children and parents of unwanted tension

2. Watch the child

record the specifics of the child's behavior during tasks

3. Give parents a task while working with the child: fill out questionnaires, application, etc.

so, parents will not be able to directly or indirectly influence the child's answers and at the same time will give answers to the questions of the questionnaire less consciously

4. At the end, have a final discussion with the parents

after the child has completed all the tasks, discuss with the parents the results of the diagnosis regarding their child's school readiness

if necessary, give parents recommendations on how best to prepare the child for school during the summer

*With the help of which tests and methods does the school psychologist check children's readiness for schooling?*

1. Orientation test of Kern-Jirasik school maturity: The test consists of 3 parts: a drawing of a person (a male figure); copying a phrase from written letters; drawing dots.

2. The level of formation of school motivation will be determined using the test "Do I want to study at school"

3. The formation of psychological prerequisites for mastering educational activities will be assessed using "Graphic Dictation". The child must complete a task such as "Put the pencil on the first point". Draw without taking the pencil off the paper: one cell down, one cell to the right, one cell up, one cell to the right, one cell down, then continue to draw the same pattern." The following patterns should be obtained.

4. The ability to act by example. Voluntary activity is evaluated with the help

of the methodology “House” is a task to draw a picture depicting a house, the individual details of which are composed of elements of uppercase letters.

5. Spatial orientation is assessed using questions such as: Show the top (bottom) of the table. Right (left) side, etc.

6. The development of fine motor skills will be assessed using the following methods:

- “Connect the dots”. The child is invited to complete the drawing by dots.

- “Finish the drawing”. The child needs to finish the proposed picture.

- “Tracks”. “Tracks” are drawn on a sheet of paper, the type of each track gradually becomes more complicated: at first it is straight, and then it can be winding, with sharp turns, the child is invited to draw a line in the middle of the track, without taking the pencil off the paper and without going off the track.

7. The degree of psychosocial maturity (overview) – a test interview proposed by S.A. Bankovyh. The child must answer the following questions:

• Name your surname, first name, patronymic.

• Names: surname, first name, patronymic of father, mother.

• Are you a girl or a boy? Who will you be when you grow up – a woman or a man?

• Do you have a brother or sister? Who is older?

• How old are you? And how much will it be in a year? In two years?

• Is it morning or evening (afternoon or morning)?

• When do you have breakfast – in the evening or in the morning? When do you have lunch – in the morning or in the afternoon?

• Which comes first – lunch or dinner?

• Where do you live? Tell your home address.

• Where does your father, mother work?

• Do you like to draw? What color is this ribbon (dress, pencil)?

• What season is it now – winter, spring, summer or autumn? Why do you think so?

• When can you go sledding – in winter or in summer?

• Why does it snow in winter and not in summer?

• What does a postman, a doctor, a teacher do?

• Why do you need a desk or a bell at school?

• Do you want to go to school?

• Show your right eye, left ear. Why do you need eyes and ears?

• What animals do you know?

• What birds do you know?

• Who is bigger – a cow or a goat? A bird or a bee? Who has more paws: a cock or a dog?

• What should be done if someone's thing is broken?

8. The development of the level of attention is determined using the Pieron-Ruser method. The child is offered a form with a square, triangle, circle and rhombus depicted on it. At the "Start" signal, she must place the following signs as quickly as possible and without mistakes in these geometric shapes: a bird in a square, a minus in a triangle, a plus in a circle, and a dot in a diamond. Place the signs in a row, the working time is 60 seconds.

9. Memory development. The "10 pictures" method. The child is presented with 10 pictures of objects familiar to him, which he must remember and then reproduce what he remembered.

10. The level of development of perception is determined using the "Raven's Matrix" technique. The child is offered a series of progressively more difficult tasks of the same type: to search for regularities in the location of details on the matrix (presented in the upper part of the indicated drawings in the form of a large quadrilateral) and to select one of the eight data below the drawings as a missing insert to this matrix that corresponds to the drawing (given part of the matrix is presented below in the form of flags with different pictures on them). Having studied the structure of the large matrix, the child must indicate the one of the details (the one from the eight boxes at the bottom) that best fits this matrix, that is, corresponds to its picture or the logic of the arrangement of its details vertically and horizontally.

11. The development of speech and logical thinking will be assessed using the

“What’s extra?” method. Children are offered a series of pictures that show different objects, the child needs to find an extra picture in each series of 4 pictures that does not match the others in terms of content, i.e. it is superfluous, and explain why.

12. Self-esteem will be assessed using the “Ladder” method. The child should put himself on one of the steps, how he feels.

“Sequence of pictures” in front of the child are placed arbitrarily pictures related to the plot. The child must understand the plot, build the correct sequence of events and compose a story based on the picture.

*The computer version of the “Readiness for School” diagnostic package* provides a unified (standardized) assessment of the psychological readiness of 7-year-old children for schooling, compares the results of children from different preschool institutions and the level of readiness in different schools. Its authors did not use some necessary diagnostic procedures due to the impossibility of creating their computer versions. Taking care of the compactness of the package (the need to diagnostically examine the child in one meeting, not to tire him), we limited ourselves to a minimal set of techniques. Therefore, the requirement to strictly follow all instructions and fill out all questionnaires during diagnostic work is important for obtaining data about the child. The package includes computer methods and special procedures for their implementation, which make it possible to characterize each child, group of children according to the following indicators:

1) personal and social-role development – the formation of an attitude towards oneself as a student, towards an adult ~ as a teacher, the preference for cognitive, educational, game or communicative motives, a critical attitude towards one's abilities, knowledge, actions, orientation in the surrounding world, reserve knowledge, dynamic characteristics of behavior (impulsivity, inhibition, etc.);

2) the development of arbitrariness – the ability to independently perform a sequence of actions, to act according to a visual model, according to the oral instructions of an adult, the ability to support one’s actions with the rules;

3) intellectual development – the development of general intelligence, spatial concepts and figurative thinking, the ability to orientate on the system of signs;

4) development of separate mental processes and learning skills – speech, ability to read, fine hand movements.

These indicators are important for making a decision about readiness for school and comprehensive assessment of the mental development of b-8-year-old children. The diagnostic package is used during the selection of 6-year-old children for schooling; dividing children into classes (depending on the level of preparation, current intellectual or language development, social maturity, etc.); to make recommendations (other types of assistance) to the teacher of junior classes in working with a specific child and the class in general; to assess the dynamics of children's mental development in the process of learning in the 1st grade (twice with a significant time interval).

The diagnostic package “Readiness for school” contains three blocks of programs.

1. Programs-materials for a psychologist. They consist of questions for a conversation-acquaintance, tasks for assessing language development, identifying the ability to read and reason. During the interview, the correctness of the child's answers is recorded, his actions are evaluated, after which he answers the questions of a short questionnaire. Tasks make it possible to obtain information about the development of speech, numeracy and writing skills, to assess the child's general awareness, critical thinking, and social readiness for school.

2. Programs-methodology for a child. They offer the child diagnostic tasks, allow to register their evaluations and save the results for statistical processing and qualitative analysis. This unit covers the following techniques:

a) Raven’s “progressive matrices” – 2 series of 12 matrices for assessing general intelligence;

b) “labyrinth” – 10 tasks for assessing the ability to act according to a model, the development of visual thinking and spatial ideas, the formation of fine hand movements (to control a computer mouse, etc.), the ability to perform a sequence of actions according to an adult's instructions;

c) “sample and rule” – 6 tasks that make it possible to assess the child's ability

to orientate himself to the conditions of the task, to subordinate his actions to the rule;

d) “assessment of criticality” - a task to correct one's mistake on the material of the “sample and rule” technique, designed to assess the development of criticality, arbitrariness, attitude towards an adult as a teacher;

e) “conversation about school” – identification of the child with one of the characters of the conversation, which will help reveal the formation of his desire to learn, the degree of social readiness for school, attitude towards himself as a schoolchild.

The frontal use of computer diagnostic methods in accordance with the instructions and the filling out of the questionnaire by the researcher after each methodological procedure will make it possible to reveal the formation of an attitude towards an adult as a teacher.

3. Results processing program for a psychologist. Programs for statistical analysis and presentation of diagnostic results are used when deciding on a child's readiness for schooling, when dividing children into classes, and for making recommendations to the teacher about working with a specific child. With their help, they get a picture of the mental development of each child examined according to specific indicators, as well as a picture of the achievements of all children according to individual indicators and in the complex.

The computer diagnostic package “Readiness for school” is used by a specially trained school psychologist. He must provide the teacher with recommendations on the admission of the child to school, taking into account his individual characteristics in studying.

For example, one problem can have different solutions depending on the reasons that caused it. So, three boys did not solve the problems proposed in the lesson and received deuces for various reasons. One of them is intellectually developed, but he is bored at school, so he did not solve the problem. Due to the lack of educational motivation, an intellectually capable boy does not keep up with his studies. Another boy at school is curious, he easily solves problems, but extraneous

factors (neighbour at the desk, events outside the window) prevent him from concentrating. The unformed arbitrariness of behavior makes it difficult for an intellectually developed child to perform a simple exercise. The third boy carefully listened to the condition of the problem, focused on its solution. However, his speech development is too low, he cannot reformulate the condition of the problem into a mathematical expression. Therefore, each boy has different psychological factors that prevent them from studying successfully. their correction should be done individually.

Only the full development of all components of psychological readiness for school will guarantee success in education. Competent use of diagnostic results makes it possible to obtain the opposite, compensatory effect. For example, to activate the first boy, you need to tell him that there is a competition, the winner of which will be the one who solves more problems; enter the condition of the problem into the context of a simple story or fairy tale. The second will be helped by the additional attention of the teacher, who, telling the condition of the task, will clarify whether he has remembered it, and will ask him not to be distracted. For the effective educational work of the third boy, you can write a visual diagram of the condition of the problem on the board or simplify its wording. A high development of arbitrariness can compensate for the lack of educational motivation, and its presence – weak arbitrariness and a low level of intellectual abilities. In order to obtain a compensatory effect, it is necessary to know the strengths of the first-grader's personality and use them in the learning process.

## 1.5. Diagnosis of developmental difficulties in adolescence. Diagnostics of personal development and upbringing of a problemed teenager

The specificity of adolescence in children with developmental disabilities determines the tasks of their psychological and pedagogical study, which are slightly different from the tasks of studying children of a younger age. The main tasks are the following.

First, the qualification of the psyche features, the identification of preserved and impaired functions, the hierarchy of violations to determine the nature of developmental abnormalities. For the diagnosis of adolescent children, this is not the most important task, since usually this kind of diagnostic work is carried out earlier, and by the age of 11-12, the child is usually already in the appropriate institution (special correctional school, boarding school, etc.). At the same time, the need for diagnosis may arise at an older age. There are known cases of inaccurate (and sometimes incorrect) diagnosis, as a result of which the child ended up in an institution that does not meet the profile of violations (for example, a child with mild mental retardation or even hearing impaired was sent to a school or a class for children with severe mental retardation). The need to clarify the diagnosis can be judged, for example, by the discrepancy between the child's academic achievements and the average level of achievements of this category of children with developmental disorders (and achievements can be not only very low, but also very high). Another indicator can be, for example, pronounced social maladaptation, the inability to adapt to the school team. Clarification of the child's condition will give him, albeit belatedly, the opportunity to study in an educational institution of the appropriate profile.

Secondly, research and qualification of the adolescent's mental state to identify the causes of private difficulties in learning (failure in certain subjects), behavioral disorders and social adaptation in general. As for difficulties in learning, they are quite possible in the case when the child studies in the appropriate school, but has a number of individual psychological characteristics that prevent the learning of certain subjects (severe disorders of spatial orientation, motility; insufficient motivation, etc.). Identifying the specific causes of learning difficulties will help to find an individual approach to the child, to “adjust” to his capabilities, and in the event that the violation is eliminated, to carry out corrective work.

It is very important to identify the causes of behavioral disorders in a timely manner. As you know, they can be of biological and social nature; often unfavorable social factors strengthen the effect of biological ones (for example, psychopathic-

like disorders in mental retardation). Most often, violations of the behavior of adolescents with developmental abnormalities are associated with a sense of their own inferiority, inferiority. Thus, it is necessary to study not only the child itself (peculiarities of the emotional-volitional sphere, personality and interpersonal relations), but also the micro social environment – family, class. Diagnosis of relations with teachers can be of great importance. Correctly conducted analysis of the causes of social adaptation violations will help in the development of a program of corrective measures.

Thirdly, diagnosis of the structure of mental activity for the purpose of career guidance. Adolescence is a period of self-determination. And it is very important to help a teenager with developmental disabilities correctly assess his opportunities and choose a professional path. Here, diagnostic work has its own specifics. First of all, it is important to identify the nature of a teenager's professional interests (which field of work attracts him) and the degree of their formation (in children with developmental disabilities, professional interests are often poorly expressed and inadequate to their abilities). In addition, conclusions based on the research results should be built taking into account the forecast of the certain functions and abilities' development, which in turn depends not only on the structure of cognitive impairments, but also on the preserved links of the psyche, the system of attitudes and values. It is also desirable that, based on the diagnosis of professionally significant qualities, corrective work could be carried out if necessary.

Diagnostic procedures

- intellectual development (Wechsler intelligence scales, SHTRR, Amthauer test, etc.);

- personal characteristics (personal questionnaires of Kettel, Eysenck, Shmishek, etc.);

- the sphere of self-awareness (study of self-esteem);

- motivational sphere (humorous phrases test, Mehrabian questionnaires);

- interpersonal relationships (sociometry, Leary's technique, unfinished sentences);

- professional orientation;

- diagnostic work with parents (between personal relationships in the family: test-Questionnaire of parental attitudes of Varga-Stolina);

- diagnostic work with teachers (psychological climate in the team, behavior style in a conflict situation).

**The following diagnostic techniques can be the most informative:**

hardware methods of determining the properties of the nervous system;

questionnaire “anamnestic scheme of indicators of properties of the nervous system”;

Aizenck’s questionnaire (option for teenagers);

V.M. Rusalov’s temperament structure questionnaire (option for children and teenagers);

questionnaire “Character traits and temperament”;

tapping test (determining the properties of the nervous system by psychomotor indicators);

J. Strelyau’s temperament structure questionnaire;

questionnaire “Well-being – activity – mood”.

Peculiarities of the development a teenager’s cognitive abilities are often the cause of difficulties in schooling: failure, inadequate behavior. The success of learning depends to a large extent on the motivation of learning, on the personal meaning that learning has for a teenager. The main condition of any study is the desire to acquire knowledge and change oneself. But in real school life, one has to face a situation when a teenager has no need for education and even actively opposes education.

*The study of the peculiarities of the adolescent’s cognitive sphere*

Perception is an extremely important cognitive process that is closely related to memory: the features of material perception determine the features of its preservation.

Methods of studying perception:

“Compass” technique (perception of spatial features);

“Clock” technique (perception of spatial features);

method of studying time perception.

Attention in adolescence is arbitrary and can be completely organized and controlled by the adolescent. Individual fluctuations in attention are caused by individual psychological features (increased excitability or fatigue, decreased attention after suffering somatic diseases, craniocerebral injuries), as well as decreased interest in educational activities.

Methods of studying attention:

the technique of “proofreading”;

red and black tables;

Munstenberg’s method;

the “arrangement of numbers” technique;

the technique of “finding numbers”;

the technique of “finding numbers with switching”.

Individual characteristics include individual differences in memory functioning. In order to successfully teach a teenager the methods of rational memorization, it is necessary to know the prevailing type of memory and individual features of memorization.

*Memory study methods:*

method of indirect memorization (according to L. S. Vygotsky);

the method of icons (according to O.R. Luria);

the technique of “memorizing numbers”;

the technique of “memorizing images”;

method of paired reproduction.

The connection of memory with mental activity, intellectual processes in adolescence acquires an independent meaning. As a teenager develops, the content of his mental activity changes in the direction of the transition to thinking in concepts that more deeply and comprehensively reflect the relationships between the phenomena of reality.

*Methods of studying thinking:*

Vechsler's method (children's version);

School test of mental development;

"Complex associations" technique;

"Raven's Matrix" technique;

the "analysis of concepts attitude" technique;

the technique of "identification of general concepts";

the "quantitative relations" technique;

"Intellectual lability" technique;

It is also necessary to know the peculiarities of speech development of a teenager.

*Methods of studying speech development:*

method of evaluating the performance of verbal reproduction; interpretation of proverbs;

*Methods of studying learning motivation:*

the method of study of learning motivation; approval motivation - Marlow - Crown scale; control localization scale, etc.

*The study of the peculiarities of the development of the adolescent's personality*

The content of a teenager's mental development is the development of his self-awareness. One of the most important traits characterizing a teenager's personality is the emergence of stability of self-esteem and the image of "me".

An important content of a teenager's self-awareness is the image of his physical "me" – an idea of his physical appearance, comparison and assessment of himself from the point of view of standards of "masculinity" and "femininity".

Peculiarities of physical development can be the cause of a decrease in self-esteem and self-respect in adolescents, lead to the fear of bad evaluation by others. Disadvantages of appearance (real or imagined) can be experienced very painfully, up to the point of complete rejection of oneself, persistent feeling of inferiority.

Teenagers often begin to rely on the opinion of their peers. If younger

schoolchildren have increased anxiety in contact with unfamiliar adults, then teenagers have higher tension and anxiety in relationships with parents and peers. The desire to live according to one's ideals, the development of these patterns of behavior can lead to clashes of views on the life of teenagers and their parents, create conflict situations. In connection with rapid biological development and the desire for independence, teenagers have difficulties in relationships with their peers.

Stubbornness, negativism, offensiveness and aggressiveness of teenagers are most often emotional reactions to self-doubt.

Character accentuations are noted in many teenagers – a certain aggravation of certain character traits that create a certain vulnerability of the teenager (neurotic disorders, delinquent behavior, alcoholism and drug addiction).

*Methods of studying the peculiarities of personality development and its properties:*

Cattell's questionnaire;

Brnensky's Personality Questionnaire;

K.Leongard's characterological questionnaire;

Taylor anxiety assessment scale;

Spielberger Anxiety Rating Scale;

depression scale;

"Unfinished sentences" technique;

the "non-existent animal" technique;

DCC method (house – tree – person);

the method of researching the level of subjective control;

the method of studying self-esteem (according to Budassa, Dembo-Rubinshtein, etc.);

method of studying the level of harassment;

method of typical response to conflict situations (K. Thomas);

the Q-sort method.

Methods of studying the properties of the microgroup level:

sociometry; referentometry; sociability questionnaires;

the method of diagnosing interpersonal relations by Timothy Leary;

repertoire grids;

GPA (group personality assessment).

The situation of the adolescent's development (biological, mental, personal - characterological features of the adolescent) predicts crises, conflicts, difficulties in adapting to the social environment

A teenager who failed to overcome the new stage of his psychosocial development successfully, who deviated in his development and behavior from the generally accepted norm, receives the status of "difficult". First of all, this applies to teenagers with antisocial behavior. The risk factors here are: physical weakness, peculiarities of character development, lack of communication skills, emotional immaturity, unfavorable external social environment. Adolescents develop specific behavioral reactions that constitute a specific adolescent complex:

emancipation reaction, which is a type of behavior from which a teenager tries to free himself from the care of adults. The extreme degree of severity of this reaction is vagrancy; the reaction of grouping with peers is manifested in increased interest in communication with peers, orientation to the development of group norms and values, formation of one’s own subculture;

a reaction of admiration (hobby), it reflects both fashion trends and the forming inclinations and interests of a teenager.

Certain complications arise in the adolescent in the process of professional self-determination, conscious choice of profession. The choice of a profession by a teenager is a multi-stage process of development and decision-making. When choosing a profession, a number of individual decision-making styles are manifested: impulsive decisions, risky decisions, balanced decisions, cautious decisions, inert decisions. Individual decision-making styles are a reflection of both individual psychological and personal characteristics of teenagers. Corrections require impulsive and inertial solutions.

**Diagnostics of personal development and upbringing of a problematic teenager**

**The content of the diagnostic part of the study is subordinated to the study of the peculiarities of the development of a problematic teenager, the influence of various factors on the education of his "me"-image, which are considered from the position of a personally oriented approach**

During the research, the main attention was focused on the analysis of the cognitive, emotional-evaluative and behavioral component of personal development and education of the self-image of a teenager from a problematic family.

Based on the understanding of the goal of a person-oriented approach to education, which is not just to form the qualities set from the outside, but to reveal and support the personal potential of the teenager, his spiritual and moral capabilities, to include the personality in the process of meaning-making, self-development, and was also Adequate general criteria for the education of a troubled teenager have been determined:

• the level of value-content development and self-organization of the individual;

• ability to moral self-regulation of behavior;

• the degree of pedagogical help and support, psychological support, which is necessary for the adolescent to build his own personality.

Based on the defined general criteria, separate criteria were worked out for each component of personal development, levels and corresponding indicators, which were reflected in the created diagnostic program for studying the levels of personal development of teenagers from problematic families.

Based on the results of the study, the levels of personal development, self-image of teenagers from problematic families (high, average, low, very low), their indicators, and their qualitative and quantitative characteristics are given.

It was established that the cognitive component of the personal development of adolescents from such families has certain general differences compared to

adolescents from the control group, who have an average level (54%) overall, adolescents from the experimental group – low (36%), that is, insignificant self-esteem, which is compensatory factor, as it seems to “wall off” a troubled teenager from the traumatic impact of failure in educational activities. Adolescents from problematic families are looking for other areas of exerting their strength, finding it in negative behavior and bad deeds.

The emotional and evaluative component of the personal development of adolescents from problematic families is characterized by an average low level of self-esteem of strong-willed qualities, inadequate overestimated or underestimated self-esteem, the dominance of an emotionally negative or neutral attitude to generally accepted norms of morality, empathy, etc. Teenagers from the control group generally have an average level of personal development (72.8%), from the experimental group - low (64.6%).

Problematic teenagers with a low level of self-esteem have an unformed moral consciousness, a distorted essence of the moral ideal, and a change in the value system.

Thus, according to the data of the conducted survey of troubled teenagers, when ranking the proposed personality qualities, such as “the ability to adjust in life”, “the ability to adapt”, and “meticulosity” took the first place; the second place is occupied by “empathy”, “kindness”, “sensitivity”; the third – “honesty”, “decency”, “loyalty”. Out of the total number of respondents, 83% of troubled teenagers believe that personal well-being is more important than social well-being; 48% - that, under certain circumstances, it is possible to break the law; 62% – that it doesn't matter where the money comes from, it's important to have it; 52% – have an impartial or condescending attitude to alcohol consumption; almost all respondents reported that they smoke.

An unformed moral consciousness does not allow problematic teenagers to correctly define basic moral concepts. Yes, the vast majority of respondents believe that “modest is hammered”, “dignity is the ability to put oneself on the first place”, “friendship is the protection of one’s own”, etc.

The behavioral component of the personal development of a troubled teenager is characterized by unformed self-control, a tendency to aggression, an attempt to resolve conflict situations through rivalry or avoidance, and an inability to compromise.

Taking into account that none of the characterized components, criteria, levels and indicators are self-sufficient in the aspect of our research, they should be considered as a complete, interconnected system.

The conducted research, summarizing the socio-psychological and pedagogical situation in problem families, as well as the results of the analysis of the set of components, criteria, levels and indicators of the personal development of problem teenagers, made it possible to draw general conclusions and identify the following trends:

the socio-psychological-pedagogical situation of personal development, upbringing of the “me”-image of teenagers in a problematic family makes it impossible to satisfy their basic material, moral and educational needs, namely:

- feeling of need;
- material security, stability of the family environment;
- unconditional acceptance of the teenager;
- respect for his feelings, thoughts, emotional and behavioral manifestations;
- positive assessment of his personality by significant adults;
- emotional support in case of encountering life difficulties;
- mastering the skills of positive communication with others;
- the ability to overcome life's obstacles;
- the impossibility of satisfying the specified social, psychological and pedagogical needs leads to the distortion of the personal development of the problematic teenager, which is reinforced by the age crisis of this period. A psychological mechanism has been revealed, which consists in the fact that the aspirations that the teenager is unable to realize are embedded in the subconscious, as a result of which emotionally vulnerable affectogenic zones are formed. The pedagogical mechanism revealed during the research means that the behavior of a

troubled teenager is increasingly determined by the influence of the specified zones, which prompts the teenager to look for ways and means to get rid of negative emotional conditions.

A teenager from a problematic family does not have the experience of receiving positive emotions in a socially accepted way, so he resorts to offenses, illegal actions and deeds, deviant behavior, smoking, drinking alcohol and toxic substances;

• the adolescent's personal development is influenced by both external (actions of surrounding people, family circumstances) and internal (mental and physical state of health, character traits), and not directly, but through the structural components of the self-image.

So, the social-psychological-pedagogical condition of a problem family determines the formation of specific qualities of adolescents, which is manifested in the following general features of the studied components of their personal development:

• cognitive – a low level of success, which is connected not so much with the insufficient development of intelligence, but with unformed, low mental capacity. There is a tendency towards the predominance of compensatory-negative mechanisms in personal development: the teenager is confident in his intellectual abilities, but he fails to realize them in practice. This "injustice" is perceived by the teenager subjectively, since he is unable to understand the reasons for his failures and failures. Such a reaction mechanism determines the refusal of a troubled teenager to recognize himself as a subject of educational influences;

• emotional-evaluative – a low level of self-esteem of volitional qualities with inadequately overestimated or underestimated indicators of self-esteem, personal anxiety, the dominance of emotional-negative or neutral attitudes in self-building of the personality. A tendency to lose the importance of a positive ideal in teenagers from troubled families has been revealed. There is an unconditional acceptance by the individual of a negative ideal that does not correspond to the norms of morality, which are inherent in a distorted system of humane values, and violence is

recognized as a universal means of self-affirmation;

• behavioral - low level of perception of any pedagogical influence, lack of self-control of behavior, tendency to rivalry, aggression, conflicts; there is an established tendency for teenagers from troubled families to easily fall under negative influence due to unstable, contradictory behavior, rooting in the consciousness of false attitudes and beliefs.

In scientific psychological and pedagogical literature, the concept of "adolescent from a problematic family" has a number of synonymous definitions: "adolescent in a difficult life situation", "adolescent of a risk group", "adolescent in socially dangerous conditions", etc. A teenager's belonging to this concept is due to a variety of unfavorable etiology, that is, it has different social roots. According to the specifics of the living conditions of a particular teenager, which negatively affect his socialization, it is necessary to apply a specific method of pedagogical rehabilitation.

In general terms, the principles of working with teenagers from troubled families can be formulated as follows:

• creating an atmosphere of trust in relationships: teacher (class teacher) – teenager;

• connecting all subjects of the educational process to the rehabilitation of the teenager;

• support and accompaniment of a troubled teenager;

• close interaction of the teacher (class teacher) with the problem family;

• constant communication with consultant scientists (supervisors).

*Diagnosis and correction of overcoming teenagers' conflictness*

Conflict behavior in adolescence is relevant today, because recently adults are increasingly unable to stop the aggressive pranks of children that are happening in front of them. Today, teachers and parents need a wide variety of psychological knowledge to be competent when dealing with adolescent aggression. In order to

make the difficulties experienced by the teenager himself, as well as his parents and the school, less acute,

it is necessary to know in advance what the manifestations of antisociality can be at this age. Analysis of the causes of deviations in the personal development and behavior of a teenager allows us to outline specific methods of educational work.

K. Thomas' method of socio-psychological diagnosis of a person's tendency to a conflict situation (adapted version by N. Grishina). The test is designed to study personal tendency to conflict behavior.

The research was conducted on the basis of a general education school. 60 students took part in the study. For a detailed study of the dynamics of changes in behavior styles in conflict situations in different age categories among teenagers, 5th, 7th and 9th grade students were interviewed.

In the questionnaire, each of the five listed options is described by twelve judgments about human behavior in a conflict situation. The questionnaire consists of 60 judgments grouped into 30 pairs. The chosen method is valid, standardized, is a classic method of studying the level of conflict, corresponds to age norms and research tasks.

In the course of the conducted research, the main strategies of behavior in conflict situations among teenagers were revealed. The study of conflict among students showed that the smallest part of the interviewees choose such strategies of conflict behavior as avoidance and compromise. In particular, 15% of 5th graders, 11% of 7th graders, and 13% of 9th graders choose an avoidance style.

Avoidance as a form of behavior in a conflict is chosen when an individual does not want to defend his rights, cooperate, refrains from expressing his position, avoids a dispute. This form of behavior of the executor allows him to get out of conflict interaction without losses for his interests, however, and without resolving the conflict itself.

The compromise strategy was chosen by 10% of respondents of the 5th grade, 11% among the 7th grade students, and 14% of the 9th grade students. In the case of a compromise, the actions of teenagers are aimed at finding a solution through

mutual concessions, at the development of an intermediate solution that suits both parties, in which no one in particular wins, but neither loses. This style of behavior is used when the opponents have the same power, they do not have a large reserve of time to find a better solution, they are satisfied with an intermediate solution for a certain time.

25%, 17% and 18% of respondents among students of 5th, 7th and 9th grades use the style of adjustment in case of conflict. When applying this strategy, the teenager's actions are aimed at preserving and restoring favorable relations with the opponent by smoothing out differences at the expense of their own interests. It is worth noting that high indicators of this strategy are observed among 5th grade students. 7th and 9th grade students choose the adaptation style less often.

About 30% in the 5th grade and 33% of the 7th grade students choose the strategy of cooperation, which indicates the dominant choice of this style of behavior in the event of a conflict. Instead, in the 9th grade, only 23% of students chose the cooperation style.

The strategy of cooperation means that the teenager takes an active part in finding a solution that satisfies all participants of the interaction, but not forgetting his interests. An open exchange of opinions, the interest of all participants in the conflict in the development of a common solution is assumed. This form requires long-term work and the participation of all parties. If the opponents have time, and the solution of the problem is of significant importance for everyone, then with this approach, a comprehensive discussion of the issue, disagreements and the development of a common solution respecting the interests of all participants is possible.

The rivalry strategy was chosen by 20%, 28%, and 32% of 5th, 7th, and 9th grade students, respectively. Rivalry (competition) is characterized by an active struggle of a teenager for his interests, lack of cooperation in finding a solution, targeting only his interests, their implementation without taking into account the interests of the other party, the individual uses all means to achieve the set goals: power, coercion, various means of pressure on opponents, using the dependence of

other participants on it.

The results of the study clearly demonstrate an increase in the frequency of choosing a rivalry style during conflict among teenagers: high school students choose this strategy almost 2 times more often. Therefore, it can be argued that the level of conflict only increases with age, and older teenagers more often go to confrontation when solving controversial issues.

The study showed that in conflict situations, teenagers are the least inclined to find compromises when solving controversial issues (11%). A slightly larger number of students choose the conflict avoidance strategy (14%). A significant number of respondents prefer the strategy of adaptation in the event of conflict situations (19%). However, the general results of the conducted work indicate that among adolescents, two opposite strategies are most often chosen during conflicts - rivalry (27%) and cooperation (28%).

The presence of opposite trends in behavior indicates that teenagers, most likely, do not have adequate ways of behavior in resolving conflict situations, do not know how to use a compromise strategy that is optimal in resolving disputes, which, in turn, leads to the emergence of various conflicts.

Psychodiagnostic techniques:

1. Diagnosis of a person’s tendency to conflict behavior by K. Thomas allows us to identify typical ways of responding to conflict situations.

2. Diagnosis of forms of aggressive reactions of a person in frustrating situations by A.Bass and A.Darka is aimed at diagnosis of types and forms of aggression.

3. Diagnosis of the level of personality conflict is aimed at identifying the level of personality conflict.

4. Diagnosis of personality conflict is aimed at identifying personality conflict.

5. Diagnosis of communication style aims to identify the communication style.

27 students of the 10th grade aged 16-17 of the Golovinsk gymnasium of the

Chernyakhiv district of the Zhytomyr region took part in the study. Of them, 12 are boys and 15 are girls.

The analysis of the results of the conducted research according to the method of K. Thomas showed that 8% of teenage boys were oriented towards adjustment, 25% – towards compromise and 67% – towards cooperation. Among teenage girls, the distribution of results is as follows: 13% of the subjects chose adaptation, cooperation – 67%, compromise – 20%. This shows that teenagers strive to partially satisfy both their demands and the partner's aspirations, differ in a compromising type of behavior. People inclined to compromise, as a rule, think like this: “Better a tit in a handful than a crane in the sky”. However, since their interests are not fully satisfied, both sides maintain tension and dissatisfaction, which eventually leads to new conflicts.

It is often believed that compromise is the best way to get out of conflict situations. But it is not so. In situations where a not very important matter is being resolved or when there is no time and a compromise allows you to save it – then it is advisable to use this style. A significant percentage of the respondents chose cooperation. The style of cooperation is a style of behavior in which a teenager seeks to establish a balance between his own goal and interest in realizing the interests of others.

In this case, the parties take a mutually beneficial position “adult – adult”. Teenagers are characterized by searching for information and identifying their own position without aggression. It operates on the basis of the principle: “I want you to achieve what you want, I want to achieve what I want”. Cooperation promotes further rapprochement of teenagers, their unity, mutual care. This method helps to prevent offending, to break the chain of unpleasant relationships between teenagers. As a result of this approach, new ideas, creative cooperation, and satisfaction of the partner’s interests appear.

# 2. BASIC ASPECTS OF DIAGNOSING CHILDREN'S READINESS FOR SCHOOLING

## 2.1. Methods of diagnosing physiological readiness for school

The child's physiological readiness for schooling is determined by the level of development of the main functional systems of the child's body and the state of his health. Assessment of children's physiological readiness for systematic schooling is determined by doctors according to separate criteria.

When forming and diagnosing psychological readiness for school, it is necessary to take into account the level of physiological development and the state of the child's health. With the beginning of schooling, the load on the child's body increases. Systematic educational work, a large volume of new information, the need to maintain a forced posture for a long time, a change in the usual routine of the day, being in a large school group require a significant strain on the mental and physical strength of a little schoolchild.

Is the body of a six-seven-year-old child ready for such a load? Numerous studies by physiologists indicate that at the age of 5-7 years, a significant restructuring of all physiological systems of the child's body takes place. Before the beginning of school education, this restructuring is not yet finished, and active physiological development continues during the school years. Therefore, the scientists conclude: on the one hand, according to its functional characteristics, the body of a 6-7-year-old child is ready for systematic schooling, at that time it is very sensitive to the adverse effects of the external environment, especially to excessive mental and physical stress. The younger the child, the more difficult it is for him to cope with the school workload, the higher the probability of abnormalities in his health.

It should be remembered that all children develop differently, the actual age of the child does not always correspond to the biological age: one child at the age of 6 is physically ready for systematic learning, while another at the age of 7 will not be able to cope with the school load. All children who enter the 1st grade must

undergo a medical examination, based on which a conclusion is made about their functional readiness to study at school. A child is considered ready for schooling if, in terms of physical and biological development, he meets or exceeds the formal age and has no medical contraindications.

Criteria of physiological readiness of children to study at school

1. Level of physical development.

2. Level of biological development.

3. State of health.

When determining the level of physical development, three main indicators are evaluated: body length (standing and sitting height), body weight and chest circumference. According to indicators of physical development, today's 6-7-year-old children differ significantly from their peers in the 60-70th, significantly ahead of them in terms of height and general development. Older preschoolers grow very quickly, increasing in height by 7-10 cm per year. It is not by chance that this age is called the period of "stretching to length".

The increase in body weight is 2.2-2.5 kg annually, the circumference of the chest increases by 2.0-2.5 cm. The jump in physical development at the age of 6-7 is caused by neuroendocrine changes in the child's body.

As criteria for biological age, the number of permanent teeth (that have erupted), the achievement of certain proportions – the ratio of the circumference of the head to the length of the body – is taken into account.

Table 1.

Number of permanent teeth in preschool age

| Child's age | Number of permanent teeth | |
|---|---|---|
| | Boys | Girls |
| 5.0 | 0-1 | 0-2 |
| 5.5 | 0-3 | 0-4 |
| 6.0 | 1-4 | 1-5 |
| 6.5 | 2-8 | 3-9 |
| 7.0 | 6-10 | 6-11 |

Table 2.

The ratio of head circumference to body length in preschool age

| Child's age | The ratio of head circumference to body length (x 100) | |
|---|---|---|
| | Boys | Girls |
| 5.0 | 49.4-45.0 | 48.1-44.5 |
| 5.5 | 47.9-44.3 | 46.7-43.2 |
| 6.0 | 46.6-43.1 | 45.7-42.1 |
| 6.5 | 45.4-41.9 | 44.9-41.6 |
| 7.0 | 44.7-41.3 | 43.9-39.7 |

The ratio of head circumference to body length becomes almost the same as that of an adult. In addition, the length of arms and legs increases. According to the state of health, all children can be divided into five groups.

The first group – children without any functional abnormalities with good physical development, rarely get sick.

The second group – children with some functional disorders, who are on the

border of health and illness, which has not yet turned into a chronic process. Under unfavorable conditions, they may develop more pronounced and persistent deviations in health.

The third group includes children with various chronic diseases and severe health abnormalities, as well as children with poor physical development. Early schooling (from the age of six) and increased school workload for such children are contraindicated.

The fourth group consists of children with chronic diseases that require long-term treatment and dispensation and constant observation by a specialist doctor. Such children are recommended to be taught at home, in sanatoriums, in educational institutions of the educational type, specialized schools, or a temporary postponement of admission to school is offered.

The children of the fifth group have significant deviations in their state of health, which exclude the possibility of studying in a general school. Any of the diseases (flu, sore throat, bronchitis), and especially frequent infectious diseases (measles, mumps, etc.), significantly reduce the functional capabilities of the child's body, create conditions for the emergence of other, often chronic diseases, contribute to increased fatigue. In addition, they are the cause of low mental performance, behavioral disorders and, as a result, low academic performance.

Sickly children usually lag behind in physical and neuropsychological development. Frequent diseases can become chronic, and those, in turn, prevent normal development. But teachers and parents quite often forget that successful learning largely depends on the child's state of health, with which he entered the first grade.

Along with determining indicators of physical development (height, weight, chest circumference), the condition of the child’s main physiological systems is taken into account. During the medical examination, the heart rate, blood pressure, vital capacity of the lungs and muscle strength of the hands are measured. At the age of 6-7, the child’s body grows and actively develops. The reliability and reserve capabilities of the cardiovascular system increase, the regulation of blood circulation

is improved, the respiratory and endocrine systems are rebuilt and actively developed.

At this age, there is significant development of the locomotor system: skeleton, muscles. The bones of the skeleton change in shape, size and structure, but the process of ossification is not yet complete, and in some departments, it is just beginning. In addition, the ossification of the bones of the wrist and phalanges of the fingers is not finished, and this is important to know and take into account when organizing classes with children. Improper posture, long-term work at a desk, long-term graphic exercises – all this can lead to a violation of posture, curvature of the spine, deformation of the writing hand.

Older preschoolers actively work out trunk and limb muscles that enable such complex movements as running, jumping, climbing, swimming, and skating. At the same time, the small muscles of the hands, which ensure precise and finely coordinated movements during writing, are not yet sufficiently developed. That is why it is so difficult for first-graders to write, and they quickly get tired during graphic exercises.

At the age of 6-7, significant changes occur in the child's nervous system, first of all, this concerns the brain, its structure and work. The mass of the brain of a six-year-old child reaches 90% of the mass of an adult’s brain, the size of the surface of the cerebral cortex, in which nerve cells are located, is also about 90% of the size of the surface of the cerebral cortex of an adult. The most complex frontal parts of the brain are maturing, which mainly provide analytical and synthetic activity, conscious behavior, and the physiological basis of logical thinking.

Noting significant changes in the structure and operation of a child's brain at the end of preschool age, one should not forget that the restructuring of brain activity and brain development are not complete yet. Therefore, at this age, excessive mental stress is very harmful and can negatively affect the state of health and the nervous system. This, in turn, can cause difficulties in learning.

I. State of health

Definition of health group. It is desirable to have information about:

• peculiarities of development at the stage of preschool childhood that burdened the child's development: difficult childbirth, injuries, long-term illnesses;

• pace of development in preschool childhood (did the child start walking and talking on time);

• the state of the child's somatic health: the nature of deviations in the systems and functions of the body, morbidity;

• how many times last year the child was sick, how many days in total.

II. Level of physical development

It is desirable to have body length, body weight and chest circumference recorded in individual medical cards.

III. Methods of assessing a child's biological maturity:

1. Body proportions and growth rates. This is the simplest, but, nevertheless, approximate method of assessing biological maturity. Not just the height and weight of the child are used as criteria, but, first of all, the proportions of the body, which take into account the ratio of its individual parts – head, body, limbs. Indicators of changes in body proportions during periods of so-called growth spurts give a more accurate idea of the degree of biological maturation of the organism. Thus, at preschool age (5-6 years old), children experience a half-height jump, which is an essential indicator of the body's maturity.

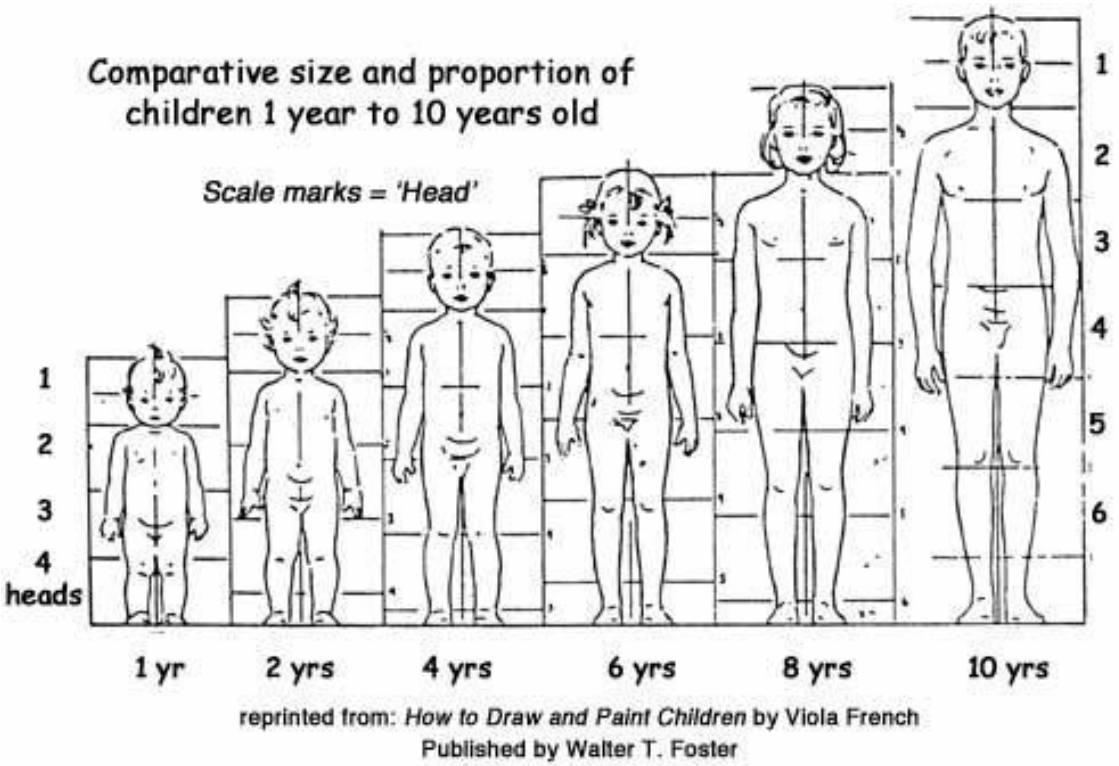


Figure 1. Comparative size and proportion of children 1 year to 10 years old

To find out whether the child has passed this important stage, the Filipino test is used. Ask the child to reach the left ear with the right hand, passing the hand above the head. The child's haste to complete this task shows the degree of development of the skeleton, the level of maturation of the nervous system, the ability of the brain to perceive and process information. Physiologists and hygienists have established that when a child begins to visit school before she has had a half-height jump, this has a negative effect on her health, especially mental health, and rarely brings success in studies.

2. Bone maturity. Ossification of the skeleton goes through certain successive stages. This is a more accurate way of determining the degree of biological maturation. Usually, the degree of ossification of the skeleton of the child's left hand is checked. You are offered to put your hand on the table with the palm down and alternately raise your fingers above the table without lifting the hand from the surface. After that, perform the following task: repeat the "Victory" and "Horns" exercises with two hands after an adult.

“Victory” is to clench all fingers except the index and middle fingers into a fist.

“Horns” – squeeze all fingers into a fist, except for the index and little finger. Invite the child to perform these exercises up to 5 times in turn. If the stages of ossification pass normally, the child copes with this task. In cases of difficulty in determining bone age, it is necessary to seek help from specialists. Make an X-ray of the hand and wrist of the left hand, get the necessary consultation.

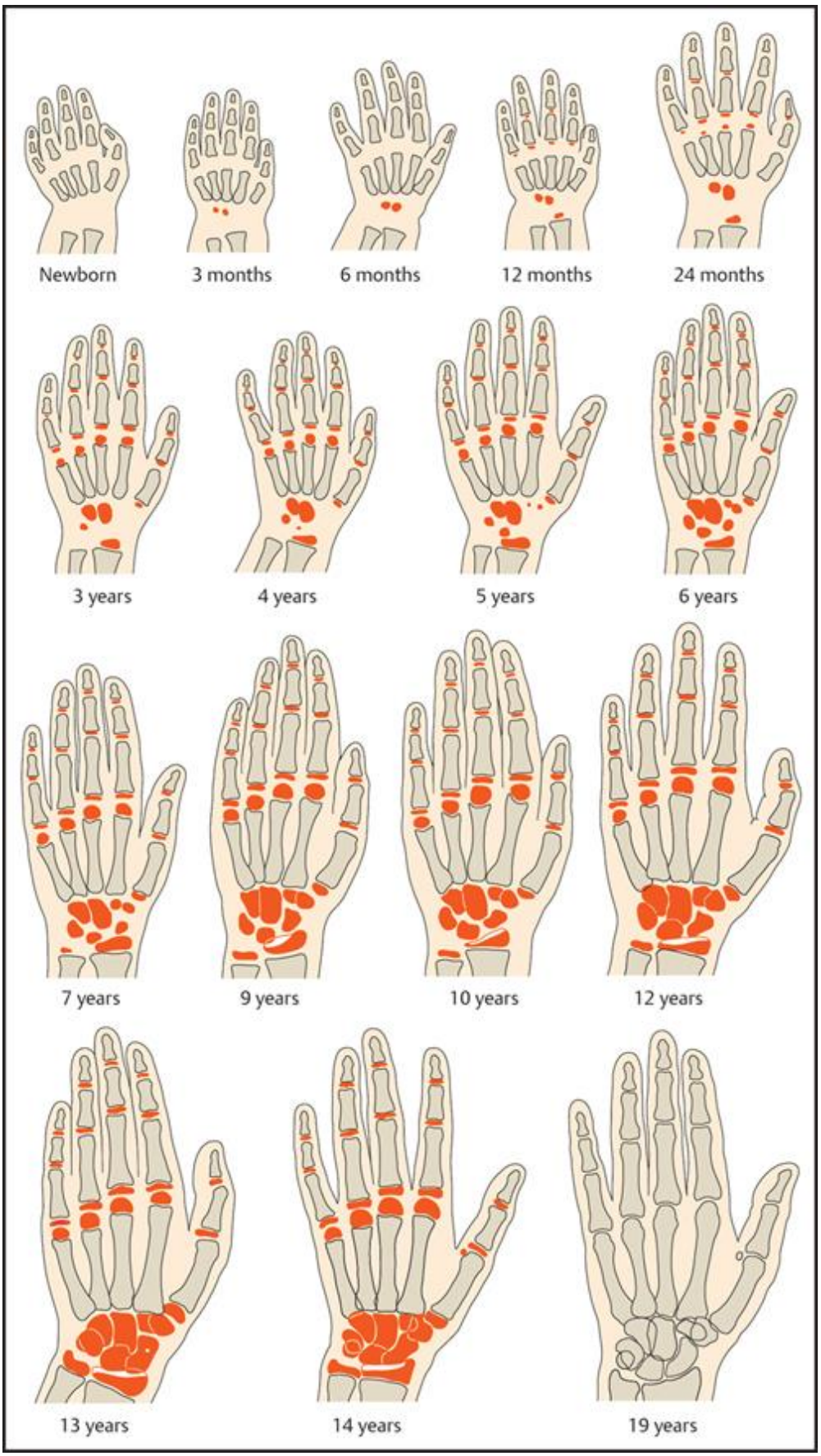


Figure 2. Skeletal development of the hand. Schematic representation (source: Schmitt and Lanz 2008).

3. Dental maturity: milk and then permanent teeth appear in a person in a certain order. If you count the number of teeth that have erupted (or that have changed) and compare this value with the standards, you can estimate the so-called dental maturity. It makes sense to determine dental maturity at the age of 2 (whether all milk teeth have appeared) and at the age of 6 (how the milk teeth change to permanent ones). Based on the practice of applying this test, it is considered sufficient to start systematic education at school, the change of four milk teeth.

The change of milk teeth to permanent teeth begins at a certain period. In most children, the beginning of the change of teeth falls on the end of the sixth - the beginning of the seventh year of life. If you count the number of teeth that have erupted or replaced, and compare it with the norms, you can estimate the so-called dental age.

Dental age is determined at two years – whether all milk teeth have appeared, and at six years – how the replacement of milk teeth with permanent ones continues.

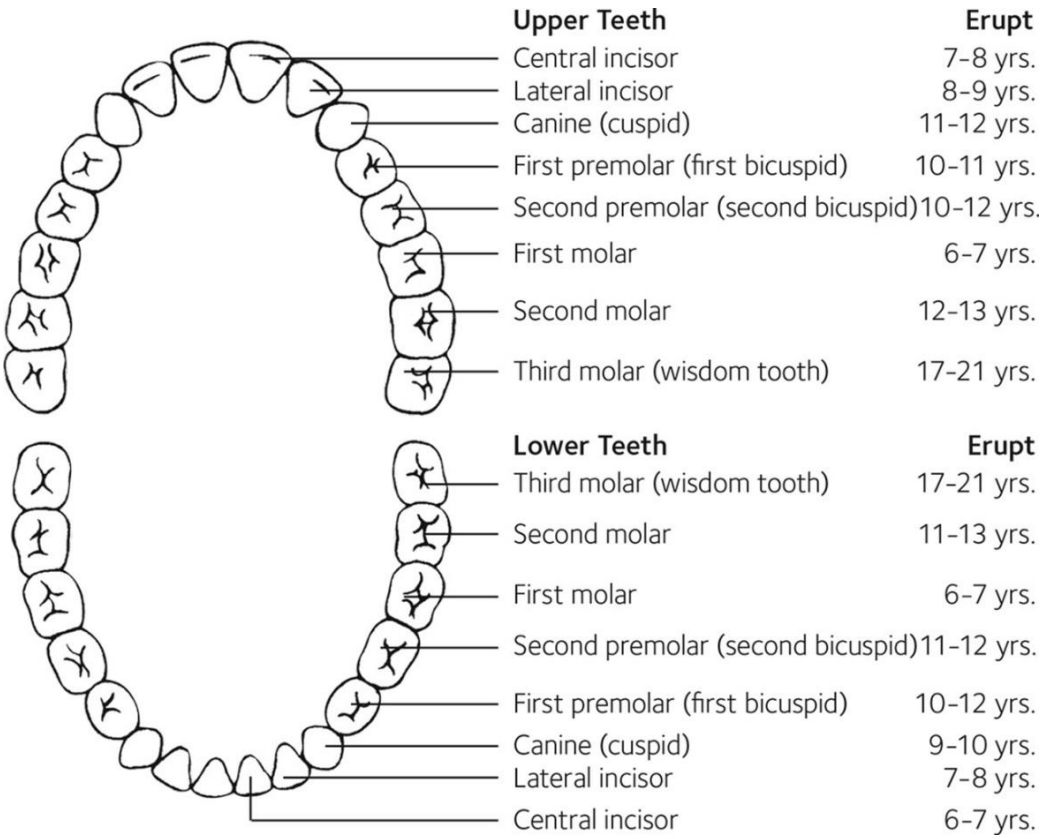


Figure 3. Dental development in different periods if childhood

4. Maturity of the cerebral cortex: (functioning of the parietal-occipital divisions).

Maturity of the cerebral cortex (fig. 4-10)

Colours: red – yellow – orange – green – light blue – dark blue – purple

Red – less mature divisions, dark blue, purple – more mature divisions

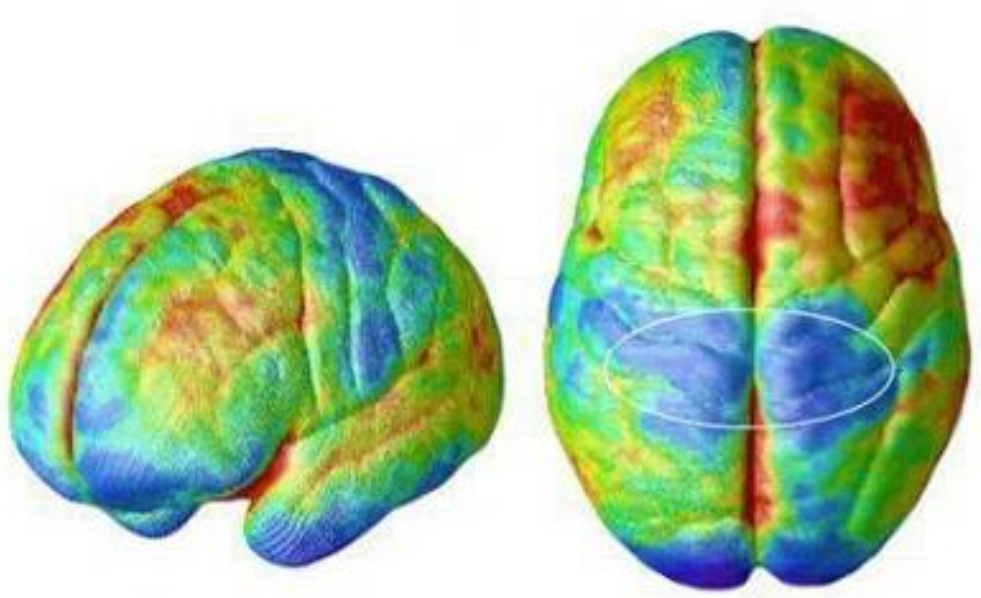

Figure 4. Maturity of the cerebral cortex. 4 years old

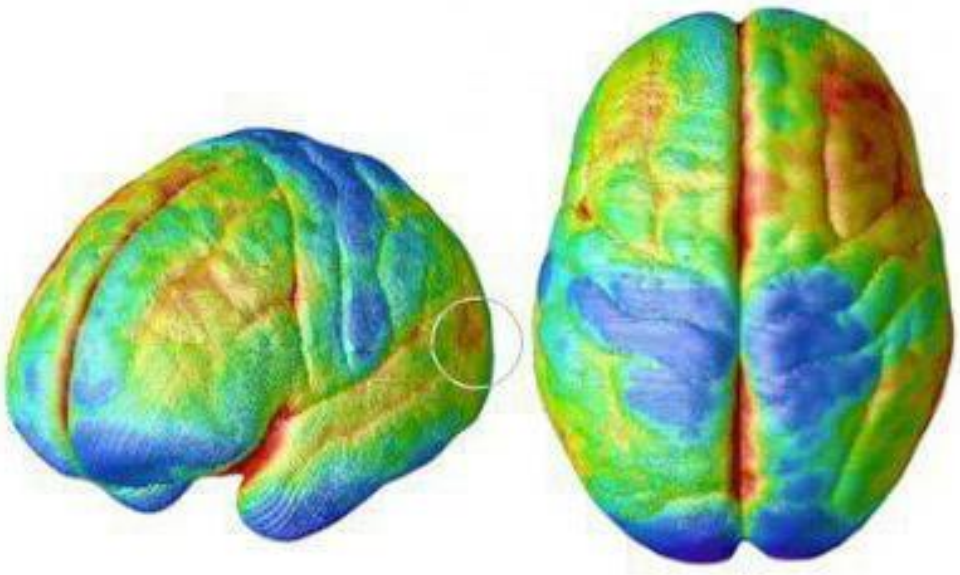

Figure 5. Maturity of the cerebral cortex. 6 years old

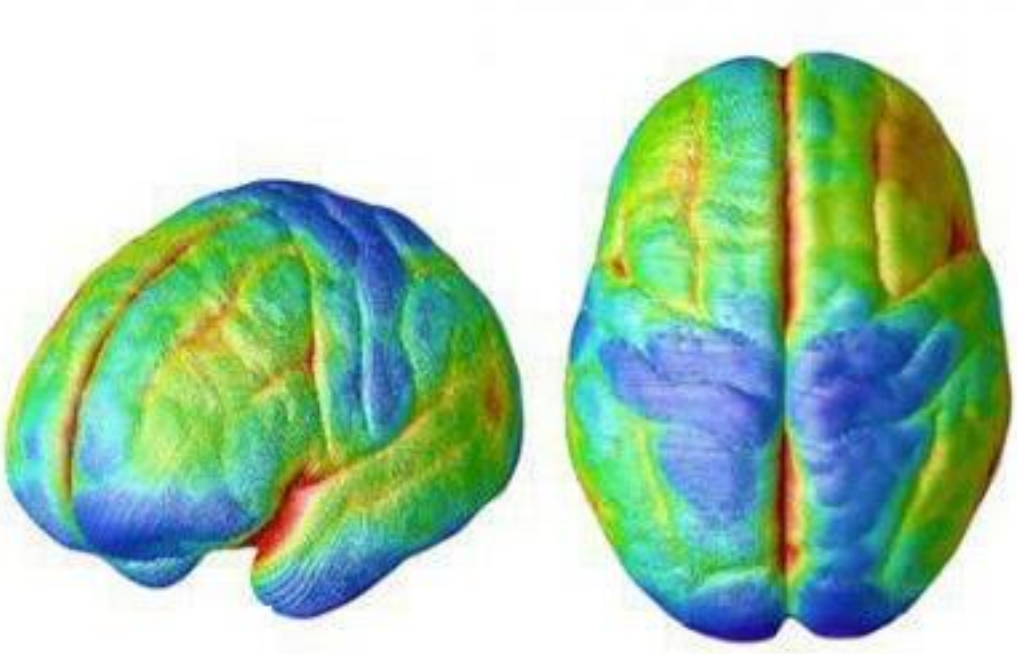

Figure 6. Maturity of the cerebral cortex. 9 years old

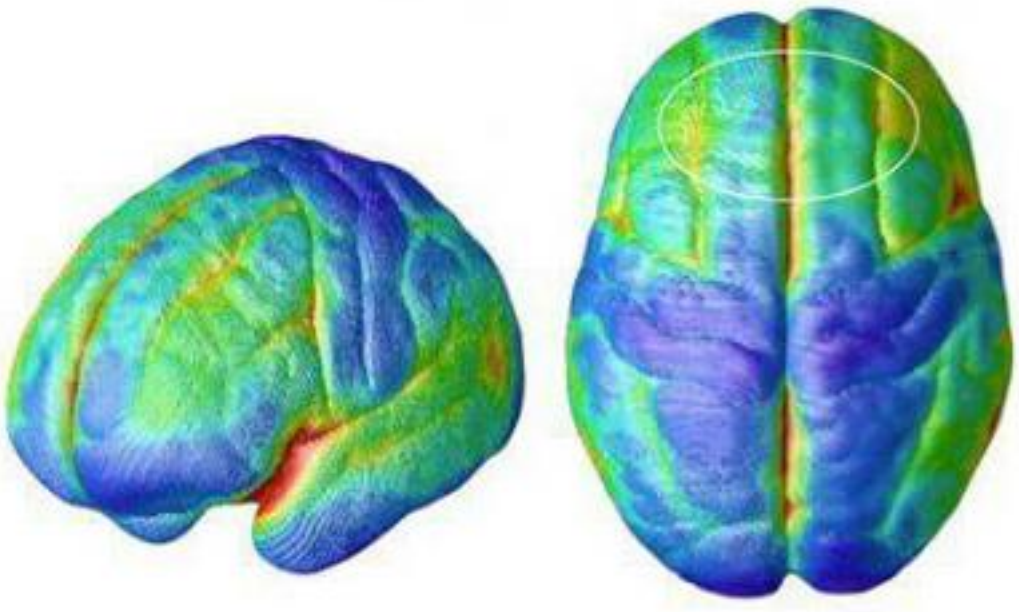

Figure 7. Maturity of the cerebral cortex. 13 years old

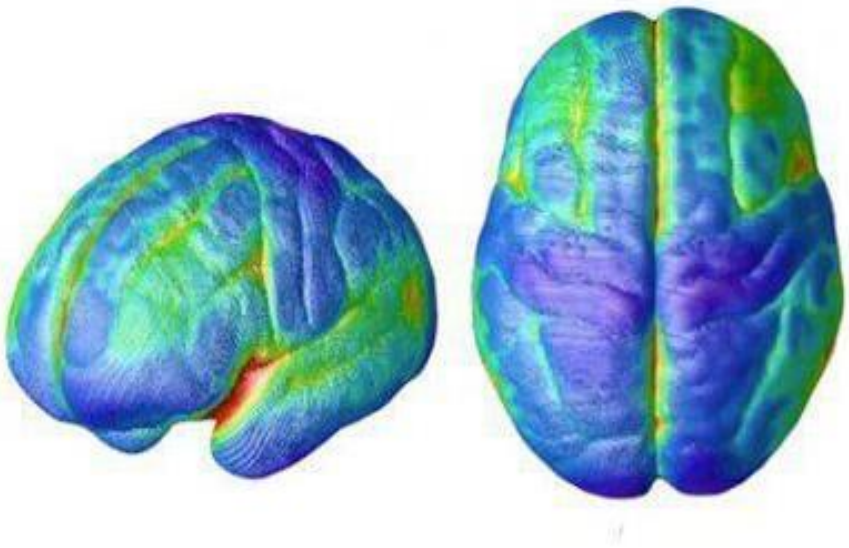

Figure 8. Maturity of the cerebral cortex. 15 years old

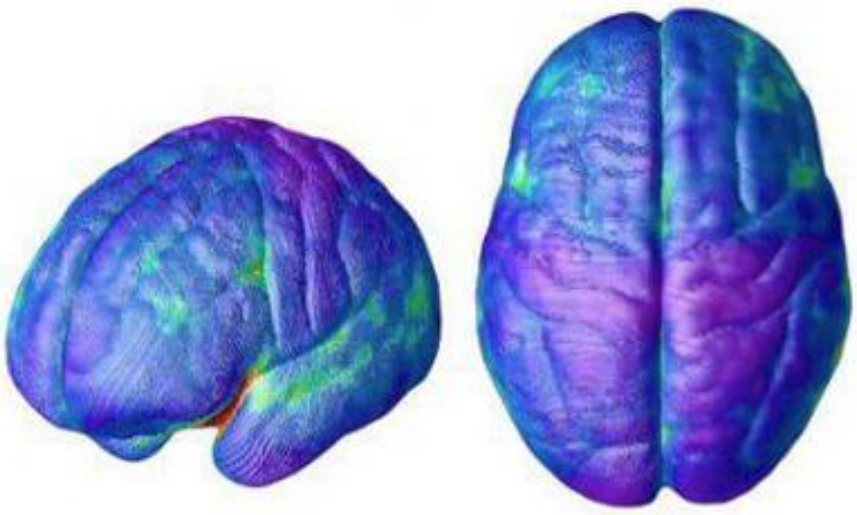

Figure 9. Maturity of the cerebral cortex. 17 years old

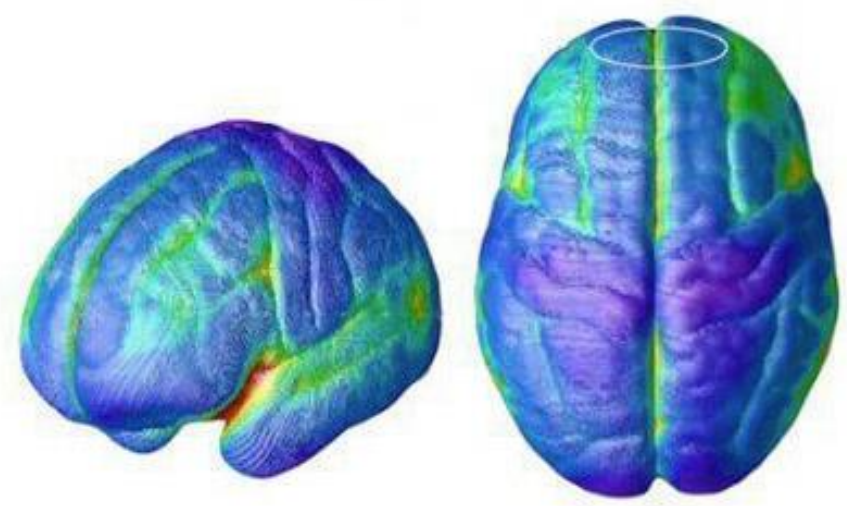

Figure 10. Maturity of the cerebral cortex. 21 years old

*“Philippine Test”*

In the period from five to seven years, the child’s body growth in length accelerates significantly – the so-called half growth spurt occurs. In addition, the limbs significantly outpace the growth of the trunk. This feature of the physiological growth of an older preschooler is the basis of the diagnostic task – the “Philippine test”. The child is offered to raise his hand above his head and touch the opposite ear. If the half-height jump has not yet occurred, the child will not be able to reach the ear through the head. If the half-height jump is completed, the child will easily touch the upper edge of the ear or even its middle.

If a preschooler successfully performs the “Philippine Test”, this indicates not only his level of physiological development, but also the restructuring of all processes of the body’s functioning and his ability to adapt. In particular, it reflects the degree of development of the child’s skeleton, the level of maturation of the nervous system, the ability of the brain to perceive and process information.


Figure 11. “Philippine Test”. A girl is ready for schooling;
a boy is not ready for schooling

By the time the half-height jump is completed, muscle coordination mechanisms are maturing: for example, the child is more skillful in catching a medium-sized ball or throwing a small ball at a target. This becomes possible due to the fact that the fine motor skills of the hand are improved, the skeletal muscles develop and the brain centers mature, and mental functions are improved. Features of the development of skeletal muscles and the level of coordination of movements mostly determine the appearance of a child in older preschool age.

Child physiologists and hygienists are convinced that if a child starts going to school before the half growth spurt has taken place, he may have health problems, including mental health. In this case, the child’s learning is rarely successful.

*“Victory”, “Horns” and greetings like adults*

Ossification of the skeleton has several stages, which scientists have thoroughly investigated. Therefore, finding out the bone age is a fairly accurate way to determine the degree of physiological maturation of the body. Usually, the degree

of ossification of the skeleton of the child's left hand is checked. A practical psychologist offers her to put her hand on the table, palm down, and alternately raise her fingers without taking her hand off the surface.

Therefore, the specialist offers the child to solve the following task: to repeat the "Victory" and "Horns" exercises with both hands.

During the "Victory" exercise, all fingers should be clenched into a fist, except for the index and middle fingers, and during the "Horns" exercise, all fingers should be clenched, except for the index and little finger. The psychologist offers the child to perform each exercise five times.

If ossification continues normally, the child copes with this task. The development of fine motor skills determines the level of the child's psychomotor development.

If there are difficulties with determining the bone age, it is necessary to consult with doctors. In most cases, x-rays of the hand and wrist are prescribed.

Another task that allows you to determine the level of development of a child's hand is greeting in an adult manner, or rather in a manly manner. An adult extends his hand to the child to greet him and notes the position of his thumb. Preschoolers usually extend their hand for the shuttlecock greeting, that is, they do not remove the thumb. This indicates that the semi-growth spurt has not yet taken place, the ossification of the hand is also ongoing, i.e. the child is functionally not ready for the school workload.

However, it should be taken into account that this simple test will give accurate data only when interacting with girls, because dads often teach their sons to greet each other "like men!". So it is advised to start the meeting with this "test". And other methods will confirm the correctness of the conclusion.

*Hand test*

How the parietal-occipital sections of the cerebral cortex function is determined using the "Hand Test". Its author is child physiologist and psychologist Maryana Bezrukikh.

A practical psychologist sits down at the table opposite the child and offers him to extend one hand. The specialist must in any way close his hand from the child. Then alternately touch the fingers of the child's hand. He must either name which finger the adult is holding him by, or move the corresponding finger on the other hand.

Age standards:

a three-year-old child correctly identifies the thumb

a five-year-old – distinguishes thumb and little finger;

a six-year-old – freely distinguishes thumb, little finger and index finger.

When the child is functionally ready for school:

Low level. The half-life jump has not yet taken place, that is, the child has not completed the "Philippine Test"; he cannot complete the "Horns" and "Victory" tasks, she gives her hand as a greeting; milk teeth do not shake; the child distinguishes only the thumb and little finger;

Average level. The half-life leap has already taken place; the child solves the "Horns" and "Victory" tasks after repeated instructions, and also correctly raises his hand for greeting on the second attempt; replacement of milk teeth has just begun; the child distinguishes between the thumb and the little finger;

Sufficient level. The half-life leap has already taken place; the child solves the tasks "Horns" and "Victory" correctly, also raises his hand correctly for greeting; four milk teeth are being replaced; the child distinguishes the thumb, little finger and index finger.

High level. The half-life leap has already taken place; the child solves the tasks "Horns" and "Victory" without any problems, raises his hand correctly for greeting; four milk teeth have already been replaced; the child distinguishes the thumb, little finger and index finger.

Six-year-old preschoolers, who have a sufficient level of functional readiness

of the body for systematic schooling, mostly have a high level of work capacity, develop harmoniously and study successfully, even if they did not know how to read, count and write before school. The child's morphological maturity provides favorable conditions for the successful acquisition of knowledge during schooling.

## 2.2. Diagnostic methods of personal and social readiness for school

Personal readiness for schooling includes:

The readiness of the child to accept the new "social position" of the schoolchild and the desire for a new social role corresponding to his needs;

The presence of social and moral motives in the behavior (for example, a sense of duty);

The beginning of the formation of self-awareness (awareness and generalization of one's experiences) and stable self-esteem, which provide for an adequate attitude of the child to his abilities, work results and behavior.

In this context, the child's readiness for schooling implies the presence of his desire to learn, to occupy a certain position in human society, which opens him access to the world of adults, as well as the presence of a cognitive need that he can no longer satisfy in the existing conditions. It is the amalgamation of these needs that prompts a new attitude towards the environment, which is defined as the "internal position of the schoolchild" (L.I. Bozhovych). From this position, the way of life of a schoolboy as a person engaged in a socially significant and socially valued matter in a public place is perceived by the child as an adequate path to adulthood.

Socio-psychological or communicative readiness is manifested in compliance with socially acceptable norms of behavior and communication with adults and peers and involves the formation of two forms of communication:

Extra-situational and personal communication of a child with an adult person forms in the former the ability to perceive the latter in the role of a "teacher" and to assume the position of a "learner" in relation to him.

In the context of this form of communication, it is assumed that the adult is given authority and becomes a role model. In this, the ability to treat an adult as a standard helps to adequately accept the teacher's position and her professional role and understand the conventionality of educational communication.

Communicating with peers and having specific relationships with them, which involves the development of business communication skills with each other, the ability to successfully interact and perform joint educational activities.

It is in the joint activities of children that the qualities necessary for communication with each other are formed, and which will later provide assistance when joining the class team, finding their place in it and being included in joint activities.

https://dytpsyholog.com/2015/02/14/%D1%96%D0%BD%D1%81%D1%82%D1%80%D1%83%D0%BC%D0%B5%D0%BD%D1%82%D0%B8-%D0%B4%D1%96%D0%B0%D0%B3%D0%BD%D0%BE%D1%81%D1%82%D0%B8%D0%BA%D0%B8/

**Intrapersonal diagnosis.** This includes all tests that help to get to know and study the child's inner world.

- House, tree, person
- A picture of a tree
- A non-existent animal
- Drawing of a person
- Lüscher's test
- Color test of relationships
- Cactus
- Lamb in a bottle
- Children's apperceptive test
- Black test
- Wagner hand test

• Vulcan – diagnosis of aggressiveness

• Methodology for identifying children's fears by O.Zakharov and M. Panfilov

• Associative test “Journey” by Z. and N. Nekrasov

• Test “A person who plucks an apple from a tree”

• Tales-tests by Louise Duss

• Steps. Diagnosis of self-esteem

• Man in the rain

• Projective technique for diagnosing school anxiety (A.M. Prihozhan)

• Projective method “Tree”

• Diagnostic and therapeutic exercise “Wall”

• Projective technique “Me – flower-bed”

**Interpersonal diagnosis**

• A picture of a family

• Kinetic pattern of the family

• Animal family

• Three trees

• Methodology of René Gilles

• Sociometry for schoolchildren

• Lawn. Does the child feel comfortable in the team?

• “My class” method

• “Two houses” method

• Parents’ wedding anniversary. Diagnosis of the child’s vision of himself in the family system

• Diagnosis of a child’s attachment using the “Bird’s Nest Drawing” technique

• The technique of unfinished sentences, which will help in the diagnosis and therapy of child-parent relations

What is meant by a child's social readiness? Social readiness consists of several components: motivational, which includes treating another person as a

higher value, – manifestations of kindness, attention, care, help, mercy; cognitive, which is related to the knowledge of another person, the ability to understand his peculiarities, interests, needs, to see the difficulties that have arisen before him, to notice changes in mood, emotional state; behavioral, which is associated with the choice of adequate communication methods, ethically valuable patterns of behavior.

The child's socio-psychological readiness for school is considered as the child's readiness to interact with the environment and is associated with the emergence during the transition to school of new relationships between "children's society" and adults, with a change in the child's socio-psychological status (at school, the child encounters a new the system of criteria that determine children's relationships changes the child's position in the team: in kindergarten they were the oldest, in school – the youngest).

"A socially competent child navigates well in a new situation; is able to choose an adequate alternative behavior; knows the extent of his capabilities; knows how to ask for help and provide it; respects the wishes of other people, can participate in joint activities with peers and adults. He will not interfere with others with his behavior, knows how to restrain himself and declare his needs in an accepted form. A socially competent child is able to avoid unwanted communication. He feels his place in the company of other people; ... controls his behavior and methods of communication".

This component of readiness includes the formation of qualities in children, thanks to which they could communicate with other children, the teacher. A child comes to school, a class, and he needs to have fairly flexible ways of establishing relationships with other children, the necessary skills to enter the children's community, to act together with others, the ability to give in and defend himself. Thus, this component assumes the development of children's need to communicate with others, the ability to obey the interests and customs of the children's group, the development of the ability to cope with the role of a student in the schooling situation.

It has been experimentally established that by the end of preschool age, new

types of communication appear in the child, which are conventionally called arbitrarily contextual communication with an adult and “cooperative-competitive” type of cooperation with a peer. Both types of communication have one common feature – a special aspect of arbitrariness of behavior in communication It does not serve to achieve a practical result and establish an intimate personal relationship with an adult, but is consciously aimed at changing oneself, at learning new ways of acting and is arbitrarily regulated in accordance with the educational task. Selected types of communication of a child with an adult and peers play an important role in the success of children’s subsequent studies at school. It turned out that the formation of a child's context with an adult is closely related to the most important component of educational activity – the acceptance of an educational task, and the presence of a competitive nature of communication with a peer – with the possibility of a child learning common ways of acting in situations of educational tasks. The most adequate form of activity for the creation and development of a “cooperative-competitive” type of communication between a child and his peers is the so-called games according to the rules.

Social readiness for school presupposes the proper formation of the child's ability to build relationships with the teacher and peers. A teacher who systematically observes the behavior of children in a preschool group knows which of them is able to calmly and business-likely ask an adult a question, ask a friend for help or offer their own, coordinate their own interests with the interests of their peers in a game or other activity; who chooses only the most attractive roles in games by persuasion, coercion or conflict, and who is satisfied with any role, does not know how to defend himself and his interests; who is generally not ready to participate in joint activities due to timidity or communicative passivity.

At the end of the preschool period, extra-situational and personal form of communication prevails in children. In this regard, they learn a special position in relation to an adult – the position of a learner, which creates favorable conditions for learning at school, receiving a large amount of new information, and sets them up for the performance of all educational tasks. In the process of personal

communication, children acquire the ability to perceive and interpret extra-situational information, select and process it for discussion with other people, which is valuable for learning at school.

In their individual lives, children, like adults, experience many complex problems that are difficult and sometimes impossible for them to solve. This makes them worry, suffer, overcome difficulties, rejoice at the results achieved. Their relationships with peers and adults are not easy to develop. What may seem like a trifle to an outsider (reasons for fighting, crying, joy), for a child at this time is the meaning of life. If the teacher does not notice the emotional and meaningful features of children's lives, he can make significant mistakes in working with them.

Not all older preschoolers occupy the same position in the group. Among them there are those who feel free: they are active, proactive, cheerful, willingly help others, share with them what they can, their peers love them, rally around them. There are quite a few indifferent, passive, aggressive, timid children. Children who are not loved are often in groups. The reason for this may be their appearance (unwashed face, dirty hands and nose, sloppy clothes), behavior and actions (insufficient intelligence, squeamishness, slowness, fidgeting, tearfulness, shyness), character traits (aloofness, irritability), etc.

In older preschool age, leaders appear among children who lead the group, enjoy the most popularity, love, know how to negotiate with peers, take into account their wishes, resolve misunderstandings, make friends, and help (a true leader). An aggressive child who is physically stronger than others can become a leader, who seeks to command, manage, and in case of someone's disobedience, he can resort to physical violence (aggressive leader). Leadership in preschool age does not at all guarantee that this trait will be preserved in further school life. However, the presence of signs of a true leader in a child is a prerequisite that this quality will develop in school as well.

**Factors of a child’s social readiness for school:**

Social readiness means that the child knows how to communicate with adults and children adequately to the situation. That is, communication with peers will look

different than with an adult you don’t know much.

If a child has attended kindergarten for at least a year (and a child who is often sick – for two years), it is more likely that social readiness will be formed. If not, then:

• It is advisable for parents to check whether the child has enough experience of communicating with unfamiliar people in various situations.

• It is also good to solve the issue of separation from parents before starting school.

• Remember that any child adapts to a new social environment easily if he has an adequately formed attachment to his parents.

Motivational readiness is formed if the child has a desire to go to school, to assume a new social role – the role of a schoolboy, a formed attitude towards the teacher as an adult with special social functions, there is a desire to work with the teacher, the necessary forms of communication with peers have been developed (the ability to establish disparate relationships), the motivations for learning dominate, there is a desire to acquire knowledge, interest in educational activities.

Ready for schooling is a child who is attracted to the school not by the external side (attributes of school life – briefcase, textbooks, notebooks), but by the opportunity to acquire new knowledge. The future student needs to arbitrarily control his behavior, cognitive activity, which becomes possible under the formed hierarchical system of motives.

As for learning motives in the structure of readiness for school, we are talking about those factors of an external and internal nature that motivate the child's activity aimed at learning new knowledge at this stage of development, and which can be the basis for the formation of actual educational motives.

The educational motive itself (a perceived need to acquire knowledge and develop one’s abilities) is formed in the process of schooling, and it is usually absent in the motivational structure of preschoolers and school-beginners.

It was found that the educational activity of preschoolers and elementary school students is stimulated by a whole system of various motives. In the structure

of motives, six groups of motives are distinguished: social (“I want to go to school, because all children must learn, it is necessary and important”), educational and cognitive (the desire to learn something new), evaluative (“I want to go to school because there I will get only twelves”), positional (“I want to go to school, because there are big children and parents will buy me a school bag, a notebook, a pencil-case”), external according to school (“Because my mother said so”), game motives (“I want to go to school, because there you can play with friends”).

Difficulties in assessing learning motives in preschool children lie in the fact that during a conversation, the child usually gives answers that are socially approved, that is, they meet the expectations of adults. And it is still difficult for the child to analyze his wishes and experiences in an unfamiliar schooling situation and to give an objective answer about whether he wants to study and why. At the same time, observing the child’s behavior in a normal situation (especially during classes in kindergarten), a psychologist or educator can quite easily determine the motives of the child's desire (reluctance) to study at school.

## 2.3. Diagnostic methods of the intellectual (mental) component of school readiness

This type of readiness presupposes sufficient maturity of cognitive processes (perception, memory, thinking, imagination, speech and language skills). The formation of, for example, the memory of the level of school requirements is manifested in the fact that the child is capable of arbitrary memorization, storage and delayed reproduction of information, possesses the skills of indirect memorization. Indicators of the development of thinking at the level of readiness for schooling – the child’s ability to perform mental operations of analysis, synthesis, comparison, generalization in familiar material and the formation of visual-figurative thinking at a level that allows performing educational tasks typical for the initial period of education.

Intellectual readiness presupposes the possession of a sufficient amount of knowledge (the presence of an outlook on the basis of which work in the classroom can be built). It is mainly sensory experience, ideas, some elementary concepts (“plants”, “animals”, “seasonal phenomena”, “time”, “quantity”) and factual information of a general nature (about work, native country, holidays).

The circle of knowledge of a child prepared for school necessarily includes known ideas about space (“distance”, “direction”, “shape” and “size” of objects, their position in space), about time, units of its measurement (“hour”, “minute”, “week”, “month”, “year”), about quantity, number series, set, equality and inequality, etc. All this is the task of a kindergarten teacher.

In recent years, in preparation for school, the acquisition of certain skills, abilities and the formation of the most important habits and behavioral skills in children have become increasingly important: household, self-service, hygienic, cultural (polite treatment of each other). It is necessary to possess some skills. Among them, the following are particularly important: the ability to listen to language, explanations, instructions from teachers, answers from peers, the ability to look and see, the ability to focus on work, the ability to remember what is needed to understand something new, the ability to explain, the ability to reflect, draw conclusions.

Intellectual readiness also involves the ability to act internally (produce some actions in the mind), the ability to single out a learning task and turn it into an independent activity, the ability to discover more and more new properties of objects, to notice their similarities and differences. The vocabulary of a normal child coming to school is usually 4-5 thousand words.

Intellectual readiness for schooling includes:

Development of cognitive interests (interest in new knowledge and interest in the learning process itself due to additional efforts);

The development of cognitive activity and mental processes (in perception – the formation of sensory standards, the ability to systematically examine objects and phenomena and highlight their various properties; in thinking – the ability to

understand the main signs and connections between phenomena, the ability to reproduce a sample, a high level of visual and figurative development - schematic thinking; in mental activity – the ability to remember information for a long time and logically);

Formation of arbitrariness of mental processes;

The development of speech, the formation of the ability to describe and explain phenomena and events in a complex, consistent and understandable way for others, the ability to understand and use symbols;

Development of fine hand movements and visual-motor coordination.

Intellectual readiness also involves the formation of the child's initial skills in the field of educational activity, in particular, the ability to highlight an educational task and turn it into an independent goal of activity to achieve a certain result.

*Indicators of intellectual readiness for school*

The most important indicators of a child’s intellectual readiness to study at school are the characteristics of the development of his cognitive sphere:

- differentiated perception;

- analytical thinking (the ability to understand the main features and connections between phenomena, the ability to reproduce a sample);

- a rational approach to reality (weakening the role of fantasy);

- logical memorization;

- interest in knowledge, the process of obtaining it through additional efforts;

- auditory mastery of spoken language and the ability to understand and use symbols;

- development of fine hand movements and visual-motor coordination.

*Perception*

By the older preschool age, children, using the system of socially produced sensory standards (visual, auditory, kinesthetic, etc.), master some rational ways of examining the external properties of objects. Their use allows the child to perceive and analyze complex objects differently. However, these possibilities are limited to the range of children's knowledge.

*Attention*

At preschool age, attention is involuntary. A characteristic feature of a preschool child's attention is that it is caused by outwardly attractive objects, bright, unusual, new. Focused attention remains as long as there is interest in perceived objects: objects, events, people.

A turning point in the development of attention is connected with the fact that children first begin to consciously control their attention, directing and keeping it on certain objects. To a large extent, this is facilitated by the improvement of the planning function of language, which is a “universal means of organizing attention” (V.S. Mukhina). If the child more often names out loud what he should keep in the field of his attention, then he will be able to arbitrarily and for quite a long time keep his attention on certain objects and on their details and properties.

Thus, the possibilities of voluntary attention – up to 6-7 years old are already quite large. Basically, children of this age are able to actively and productively engage in the same thing for 10-15 minutes, without being distracted by extraneous objects. The stability of attention depends on the individual characteristics of preschool children.

*Thinking*

Preschool age represents the most favorable opportunities for different forms of thinking.

Thinking is the process of human cognition of reality with the help of mental processes – analysis, synthesis, judgments, etc. There are three types of thinking:

1) visual-active (cognition by manipulating objects),

2) visual (cognition through representations of objects, phenomena),

3) verbal-logical (cognition using concepts, words, reasoning).

Visual-active thinking develops intensively in a child from the age of 3-4: he understands the properties of objects, learns to operate objects, establish relationships between them.

From visual-active thinking, a more complex form of thinking is formed - visual-figurative. It is characterized by the fact that the child can already solve tasks based on ideas, without applying practical actions.

By the age of 6-7, a more intensive formation of verbal and logical thinking begins, which is connected with the use and transformation of concepts. However, visual and figurative thinking is the leader at this age, since verbal and logical thinking is finally formed by the age of 14.

The development of all types of thinking and mental operations: generalization, classification, comparison, abstraction, understanding of interrelationships, establishment of cause-and-effect relationships is facilitated by various types of children's activities: various games, construction, sculpting, drawing, reading, communication, etc., as well as specially selected games and exercises, which are also included in the educational program.

*Memory*

Memory is the basis of human abilities and is a condition for learning, acquiring knowledge, and forming abilities and skills.

In preschool age, memorization is mainly involuntary (a preschooler does not care that everything he perceives is easily and accurately recalled later). But sometimes a characteristic and opposite property of children's memory is exceptional photographicness. Children can easily memorize any poem or fairy tale. If an adult, retelling a fairy tale, deviates from the original text, the child will immediately correct it, remind the missing detail.

But already at the age of 5-6 years, arbitrary memory begins to form. And this is one of the main achievements of preschool children. Some forms of this memorization can be named at the age of 4-5 years, but it reaches significant development at 6-7 years. In many ways, this is facilitated by game activity, in which the ability to remember and reproduce the necessary information is one of the conditions for achieving success. An important feature of this age is that a 6-7-year-old child can be set a goal aimed at memorizing certain material. The presence of such an opportunity is connected with the fact that the child begins to use various

methods specially designed to increase the efficiency of memorization: repetition, semantic and material's associative linking.

*Imagination*

One of the cognitive processes formed in preschool age is imagination. The essence of imagination, if we talk about its mechanisms, is the transformation of ideas, the creation of new images based on existing ones. Imagination is a reflection of reality in new, unusual, unexpected combinations and connections.

Preschool childhood is a sensitive period in the development of imagination. For a long time, there was a very widespread opinion that a child's imagination is richer and more original than an adult's. However, already in the 1930th, the outstanding Russian psychologist L.S.Vygotsky proved that a child's imagination develops gradually, at least as they gain certain experience.

Children's imagination follows the object, and everything it reproduces has a fragmentary, unfinished character. Even in early childhood, the child first demonstrates the ability to replace one object with another and to use one object in the role of another. This imagination is called reproductive (reproducing), which allows you to present fairy-tale images.

In older preschool age, when productivity in memorization appears, imagination turns from reproductive to creative, which provides the opportunity to create a new image. Imagination in children of this age is already connected with thinking, enters into the process of planning actions, when children's activities acquire a conscious, purposeful character. Such creative imagination of children manifests itself in story role-playing games.

By the age of 6, the purposefulness of the child's imagination and the stability of his ideas are growing. This is expressed in an increase in the duration of the game on one topic.

I. Formation of thinking functions.

1. Visual-active thinking. ("Circle the contour" test)

2. Figurative thinking. ("Drawing a person" method)

II. Speech development.

1. Phonemic hearing.

2. Sound analysis of words.

3. The vocabulary of an older preschool child should be at least 2,000 words, and all the main parts of speech should be represented in it. Generalizing words (like CLOTHES, SHOES, UTENSILS, ANIMALS, BIRDS, VEGETABLES, FRUITS, etc.) should be present in the child's vocabulary, which children begin to learn from about three and a half years of age.

A number of special techniques are used to study the vocabulary, which make it possible to find out the presence or absence of certain words in it. Here are the most common of these methods: naming objects belonging to different logical groups (for example, the child is asked to name all the trees, flowers, etc. known to him); finding common names (generalizing words) for a group of homogeneous objects; selection of signs for a certain subject; selection of possible actions for the subject; selection of items for a given action; selection of synonyms (words close in meaning); selection of antonyms (words with the opposite meaning), etc. ("Vocabulary" test).

4. Coherent speech. (test "Proficiency in coherent speech")

III. Development of thinking.

1. Learning, empirical or theoretical generalization. Speech is closely related to intelligence and reflects both the general development of the child and the level of his logical thinking. It is necessary for the child to be able to find individual sounds in words, that is, he should have a developed phonemic hearing. ("Sequence of events" method)

2. Figurative thinking.

The study of the features of the intellectual sphere can be started with the study of memory – a mental process inextricably linked with the mental. To determine the level of mechanical memorization, a meaningless set of words is given: year, elephant, sword, soap, salt, noise, hand, floor, spring, son. The child, after listening to this whole series, repeats the words that he remembered.

You can use repeated playback – after additional reading of the same words – and delayed playback, for example, an hour after listening to L.A. Wegner gives the following indicators of mechanical memory, characteristic of 6-7 years of age: from the first time, the child perceives at least 5 words out of 10; after 3-4 readings reproduces 9-10 words; after one hour forgets no more than 2 words that were reproduced earlier; in process of consecutive material's memorization does not have "failures", when after one of the readings the child remembers fewer words, the sooner and later (which is usually a sign of overtiredness).

Methodology of O.R. Luria allows us to reveal the general level of mental development, the degree of mastery of generalizing concepts, the ability to plan one's actions. The child is given the task of memorizing words with the help of pictures: for each word or word combination, he makes a laconic picture, which will then help him reproduce this word, that is, the picture becomes a means that helps to remember words. 10-12 words and phrases are given for memorization, such as: truck, smart cat, dark forest, day, fun game, frost, capricious child, good weather, strong person, punishment, interesting fairy tale. After 1-1.5 hours after listening to a number of words and creating corresponding images, the child receives her drawings and remembers for which word she made each of them. The level of development of spatial thinking is revealed in different ways.

Effective and convenient method is A.L.Wenger's method "Labyrinth". The child needs to find a way to the designated house among other wrong paths and dead ends of the labyrinth. In this, figuratively given instructions help him – he will pass by such objects (trees, bushes, flowers, mushrooms). The child must orient himself in the labyrinth itself and the scheme reflecting the sequence of the path, i.e., the problem solution.

The following are the most common methods that diagnose the level of verbal and logical thinking development:

a) "Explanation of pictures' plot": the child is shown a picture and is asked to tell what is drawn on it. This technique gives an idea of how correctly the child

understands the content of the image, whether he can distinguish the main thing or gets lost in individual details, how developed his speech is;

b) “Sequence of events” is a more complex technique. This is a series of stories in pictures (from 3 to 6) depicting the stages of some action familiar to the child. He must make the correct series from these drawings and tell how the events developed.

Series of pictures can be of varying degrees of complexity. “Sequence of events” gives the psychologist the same data as the previous technique, but in addition, the child's understanding of cause-and-effect relationships is revealed here.

Generalization and abstraction, the sequence of inferences and some other aspects of thinking are studied using the method of subject classification. The child makes groups of cards with inanimate objects and living creatures depicted on them. Classifying various objects, she can distinguish groups by functional characteristics and give them generalized names. For example: furniture, clothes. Maybe by an external sign (“everything is big” or “they are red”), by situational signs (a wardrobe and a dress are combined into one group, because “the dress is hanging in the wardrobe”).

When selecting children for schools whose educational programs are significantly complicated, and higher requirements are placed on incoming intelligence (gymnasiums, lyceums), more difficult methods are used. Complex mental processes of analysis and synthesis are studied when children define concepts and interpret proverbs. The well-known method of interpreting proverbs has an interesting variant proposed by B.V. Zeiharnik In addition to the proverb, the child is given phrases, one of which corresponds to the proverb in terms of content, and the second does not correspond to the proverb in terms of content, but resembles it externally. The child, choosing one of the two phrases, explains why it fits the proverb, but the choice itself clearly shows whether the child focuses on meaningful or external signs when analyzing judgements.

Thus, the child’s intellectual readiness is characterized by the maturation of analytical psychological processes, mastery of the skills of mental activity.

*Kern-Jirasik test (diagnosis of readiness for schooling)*

The test reveals the general level of mental development, the level of thinking development, ability to listen, perform tasks according to the model, the arbitrariness of mental activity.

The test consists of 3 parts:

• "Drawing a person" test (male figure);

• copying a phrase from written letters;

• drawing points.

1. "Drawing a person" test

Task. "Here (indicate where) please draw a person as you can do". During drawing, it is unacceptable to correct the child ("you forgot to draw the ears"), the adult watches silently.

Assessment (figure 12):

1 point: a male figure is drawn (elements of men's clothing), there is a head, torso, limbs; the head is connected to the body by the neck, it should not be larger than the body; the head is smaller than the body, there is hair on the head, a possible headdress, ears; on the face – eyes, nose, mouth; the hands have five-fingered hands; the legs are bent (that is, there is a foot or a shoe); the figure is drawn in a synthetic way (the contour is solid, the legs and arms seem to grow from the body, and not attached to it).

2 points: fulfillment of all requirements, except for the synthetic method of drawing, or if the synthetic method is present, but 3 details are not drawn: neck, hair, fingers; the face is completely drawn.

3 points: the figure has a head, torso, limbs (arms and legs are drawn with two lines); may be missing: neck, ears, hair, clothes, fingers, feet.

4 points: a primitive drawing with a head and torso, arms and legs are not drawn, can be in the form of one line.

5 points: lack of a clear body image, no limbs; doodles

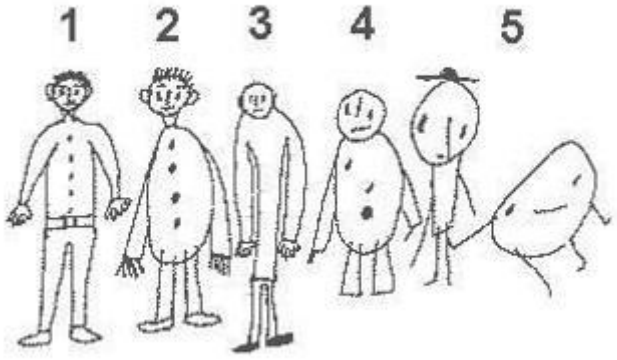


Figure 12. Interpretation of “Drawing a person” test

2. “Draw the written letters”

For example: “I want tea”. Tell the child: “You don’t know how to write yet, but try to just redraw”. If the child knows written letters, invite him to copy the phrase from English words.

Evaluation (picture 13):

1 point You can read the phrase that the child drew. The letters are no more than twice the size of the sample. The letters form three words. The line deviates from a straight line by no more than 30 degrees.

2 points. The phrase can be read. The size of the letters is close to the sample, their slenderness is optional.

3 points. The letters must be divided into at least 2 groups. You can read at least 4 letters.

4 points. At least 2 letters are similar to the sample. A group of letters is similar to text.

5 points. Doodles

Figure 13. Interpretation of “Draw the written letters” test

3. “Drawing dots”

Draw a sample and invite the child to redraw. In the sample, 10 points are at the same distance from each other vertically and horizontally (see picture 14). At the same time, show where exactly the child needs to draw.

Evaluation:

1 point. Exact copy of the sample, small deviations from the row or column are allowed, slight deviation from the size is possible.

2 points. The number and location of points correspond to the sample, deviation in one direction or another is allowed up to three points at half the distance between them; dots can be replaced by circles.

3 points. The drawing generally corresponds to the sample, in height or width not more than 2 times; the number of points may not correspond to the sample, but there should be no more than 20 and no less than 7; it is allowed to turn the picture even by 180 degrees.

4 points. The pattern consists of dots, but does not match the pattern.

5 points. Doodles

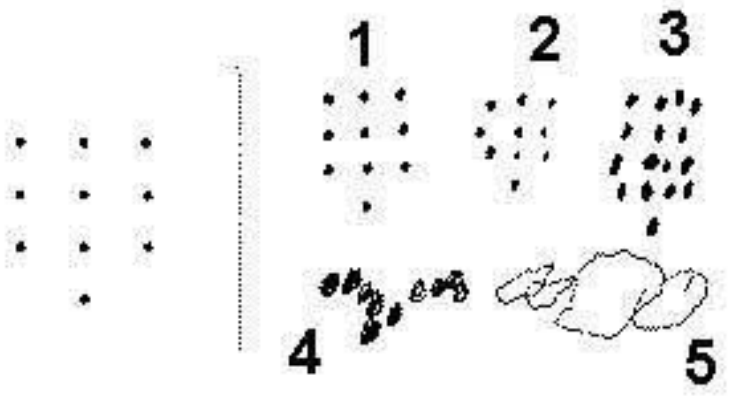


Figure 14. Interpretation of “Drawing dots” test

Analysis of results

Calculate the points that the child scored in the three tests.

3-6 points – the child is ready for school (high level of readiness).

7-8 points, which are evenly distributed among all tasks - usually such children are also ready for learning (average level of readiness).

9 points is the lowest limit of the average level, it is advisable to conduct a more detailed study, consult with specialists to determine whether the child is ready to become a student.

10–15 points - most likely, it is still too early for the child to go to school.

12–15 points – readiness is below the norm.

We emphasize! This test is not a 100% guarantee of a child's readiness for school. It reveals the general level of mental development, the level of development of thinking, the ability to listen, perform tasks according to the model, the arbitrariness of mental activity.

*Study of logical thinking*

The technique is called “Sequence of events”. It is a task to understand the meaning of the plot depicted in pictures presented to the subject in the wrong sequence. It allows you to explore such qualities of thinking as the process of generalization and the ability to establish cause-and-effect relationships, and also reveals the level of speech development.

As experimental material, four plot pictures are used, presented to the subject in the wrong sequence.

The procedure for carrying out the technique:

In front of the child, arbitrarily put pictures related to the plot. The child must understand the plot, build the correct sequence of events and compose a story based on the pictures.

The task consists of two parts:

1. teaching the sequence of pictures' events;

2. an oral story behind them.

Conclusions about the level of development.

High – the child independently found a sequence of pictures and composed a logical story. If the sequence of pictures is found incorrectly, the subject nevertheless composes a logical version of the story.

Average – the child correctly found the sequence, but could not compose a good story. Compiles a story using the experimenter's leading questions.

Low – if:

1. the child could not find the sequence of pictures and gave up the story.

2. Based on the sequence of pictures she found, she composed an illogical story

3. the sequence composed by the child does not correspond to the story;

4. each picture is told separately, by itself, not connected with others - as a result, the story does not turn out;

5. each picture simply lists individual items.

Diagnostic results:

Nastya Z. As a result of diagnosis, the child's level of thinking development was found to be high. She correctly, without additional questions, found the sequence of events and composed a logical narrative. The task did not cause any difficulties for the child.

Stanislava L. According to the results of the diagnosis, the level of

development of thinking is defined as average. The child correctly composed the sequence of events, but was able to compose the story only based on leading questions.

Serhii G. As a result of the diagnosis, the child showed an average result. The child was able to cope with the first part of the task, the sequence of events, only with the help of the experimenter, but the logical story was compiled independently.

Sashko L. The level of thinking development was found to be low. The child found the sequence of events only with the help of an adult and was able to list only individual objects in the pictures.

Natalka R. The child, according to the results of the diagnosis, showed an average level of thinking development. She coped well with the sequence of events task, but there was no coherent story, but a description of each individual picture.

General conclusion: according to the results of diagnostics to determine the level of thinking development, the majority of children showed an average result (3 out of 5). They were able to cope with the task partially, or with the help of an experimenter. Stanislava was positive about the test. The task was somewhat difficult, but with the help of the experimenter, the child coped with it. Serhiy was positive about the test. He performed the task with interest, calmly. Before performing the technique, Natalka was afraid that she would not be able to cope with the task. Thanks to my encouragement, the child immediately agreed to do the exercise. During her work, she became interested in the test.

In one child out of five, the level of development of thinking was found to be high. She coped with the task in a short time without additional prompts. She worked with interest, calmly, confidently. There was a desire to perform an as yet unknown task. Also, according to the results of the diagnosis, one child showed a low result. He could not cope with the task on his own. The child was often distracted and could not focus on the task.

*Attention research*

The technique is called “Encryption”, it is aimed at studying the switching and

distribution of the child's attention. Before starting the task, it is necessary to explain to the child how to work with it. The task is to put in each of the figures the sign that is given above on the sample (only those symbols that are on the sample are found in the experimental material).

The child is given 2 minutes for all tasks. When analyzing the results, the number of errors and the time spent on the task are taken into account.

Processing of results:

Successful completion of geometric shapes in accordance with the sample in a period of up to 2 minutes is considered successful (score – 5 points). Let's assume a single correction or a single omission of the fill figure. One random error or the presence of two independent corrections is estimated at 4.5 points. With two omissions of filled-in figures, corrections or one or two errors in filling in, the quality of the task is estimated at 4 points. If the task is completed without errors, but the child does not have time to complete it in the time allotted for this (no more than one row of figures remains unfilled), the assessment is also 4 points.

Such execution can be successful when there are two omissions of filling figures, corrections or one or two errors in filling. In this case, the quality of the task is estimated at 3 points. Error-free (or with a single error) filling in the figures in accordance with the sample, but omitting an entire line or part of a line, is also evaluated at 3 points. And also, one or two independent corrections.

Such performance is considered to be unsuccessful when, with one or two mistakes and omissions, the child did not have time to complete all the tasks in the allotted time (more than half of the last line remains unfilled). This variant of performance is assessed at 2 points. 1 point is given to such an execution option, when there are labels in the figures that do not correspond to the samples, the child is unable to complete the instructions (that is, he begins to fill in all the circles first, then all the squares, etc., and after the teacher’s remark continues to perform the task in the same style). If there are more than two errors (not counting corrections), even if all tasks are completed, 1 point is also given. If it is impossible to complete the task as a whole (for example, the child started to do, but could not finish even one

line, or made several incorrect fillings in different corners and did nothing else, or made many mistakes), a score of 0 points is given.

Nastya S. During the study, the child made one mistake in the proposed task. The task is considered successful. These indicators indicate that the child has formed a distribution of attention, that is, he can concentrate not on one, but on several objects.

Stanislava L. According to the results of the diagnosis, the child made 1 mistake, the task was completed successfully. The child knows how to divide his attention and concentrate on several objects or processes. This makes it possible to carry out several types of actions at the same time and monitor several independent processes without losing any of them from the field of attention.

Sashko L. According to the results of the diagnosis, the child completed part of the task without errors, but did not finish it to the end. During the research, he could not fully concentrate his attention on the task, which indicates a weak development of his self-control. The execution of the task is considered unsuccessful.

Serhii G. According to the results of the diagnostics, the task performance is moderately successful. The child coped with the task in the specified time and made only 2 mistakes. These indicators show that the child was able to concentrate and distribute his attention.

Natalka R. Task execution is unsuccessful. The child is not able to follow the instructions, that is, he begins to fill in all the circles first, then all the squares, etc., and after the experimenter's remark, he continues to perform the task in the same style.

General conclusion: According to the results of the diagnostics for determination of concentration and distribution of attention, the following results were obtained: two out of five received a low result, they did not successfully complete the task. Sashko L. and Natalka R. could not concentrate. During the research, Sashko quarreled, was constantly distracted, so he did not finish the test. Natalka tried very hard, but could not understand the instructions and complete the

task correctly. Two out of five children showed a high level of attention development. The girls felt calm and confident. Perseverance was shown during the diagnostics. An average result was found in one child. Before completing the task, Serhii showed great interest. During the diagnosis, he was distracted, but not nervous. The child coped with the task, but made several mistakes.

*Research of short-term memory*

Jacobson's method is aimed at detecting the level of short-term memory. It is conducted on digital material. The subject is presented with 5 series of numbers, which includes from 3 to 7 elements. The numbers are arranged in random order. This technique requires two columns of numbers. The second column is control. If the child made a mistake when playing any row, the task for this row is repeated from another column.

Instructions: It is necessary to read each row in turn, starting with the shortest. After reading each row, the child on command must reproduce all the elements in the same order as they were read by the experimenter.

Processing of results:

7 signs are valued at 10 points

6 signs are valued at 9 points

5 marks are valued at 7 points

4 marks is estimated at 4 points

3 marks are valued at 1 point

Reproduction of 6-7 signs indicates a high level of short-term memory development, 5 signs – an average level, 4-3 – a low level of short-term memory development.

Stanislava L. According to the results of the diagnosis, the child was able to reproduce 5 signs. This indicates an average level of short-term memory development.

Nastya Z. Dytyna was able to reproduce 6 signs. The level of development of short-term memory is at a high level.

Sashko L. As a result of the study, he was able to reproduce only 4 signs, which indicates a low development of short-term memory.

Natalka R. Dytyna was able to repeat 4 signs. She has a low level of short-term memory development.

Serhii G. According to the results of the diagnosis, the child was able to repeat 5 signs, which indicates an average level of short-term memory development.

General conclusion: This study turned out to be the most difficult for children. As a result of diagnostics, the following indicators were found. Two children out of five showed a low result. They have poorly developed short-term memory; children were able to reproduce only 4 signs. Sasha and Natasha quickly get tired and lose interest in the task. One child out of five showed a high result. She managed to reproduce 6 signs. When performing the task, Nastya showed interest and felt calm. In two children out of five, the level of development of short-term memory is at an average level. Serhiy and Stasya were positive about the task. In many ways, their results depend on external circumstances.

Based on the results of diagnostics, the following results were obtained:

According to the results of the study, Nastya S. has the highest indicators of the level of development of logical thinking, concentration and distribution of attention, and short-term memory. She performed all tasks carefully, felt confident. Therefore, she can be considered ready for schooling.

Stanislava L. When performing all the tasks, she felt calm and confident. According to the results of the study, the child can be considered ready for schooling. The level of her mental processes, namely logical thinking, concentration and distribution of attention and short-term memory is sufficient for mastering educational activities.

Serhii G. According to the results of diagnostics, he showed average results. During the research, he had a positive attitude towards the task, and the child's effort to do everything correctly was felt. The level of logical thinking, concentration and distribution of attention and short-term memory is sufficient for studying at school.

Natalka R. had a positive attitude towards all tasks, and tried very hard to

complete them. But according to the results of the study, she showed mainly low results, which indicates that her mental processes are insufficiently formed. Perhaps the parents should leave the child in kindergarten for another 1 year.

According to the results of the study, Sashko has a low level of logical thinking development, concentration and distribution of attention and short-term memory. The child could not concentrate on tasks, was constantly distracted, quarreled, therefore could not show good results.

## 2.4. Methods of studying voluntary regulation of behavior and activity (emotional and volitional readiness)

### Child's emotional and volitional readiness for school

School and learning require the child to understand, to be aware of the need to follow certain rules in class, during the performance of educational tasks at school and at home, in the locker room, dining room, sports hall, as well as in his free time – in the street, in the theatre, in the park, etc. In this regard, the readiness of the child's emotional and volitional sphere is extremely important, which determines the ability to regulate one's behavior in difficult situations, to mobilize in a state of fatigue, and to complete the matter to the end.

The main indicators of emotional and volitional readiness are a certain degree of formation of voluntary mental processes (targeted perception, memorization, attention), the ability to overcome formidable difficulties, skills of independence, organization, a fast pace of work, which requires concentration, concentration (as opposed to impulsivity, a tendency to be distracted), mastering the basic rules of behavior in educational and other situations, the ability to respond correctly to the evaluation of the completed task, to evaluate one's work.

A child with a high level of emotional and volitional readiness for school adequately perceives tasks, correlates them according to the degree of complexity. Due to the need to overcome difficulties, he does not lose his balance: he turns to adults for help or tries to cope on her own, tolerates failures (does not get confused,

does not cry), looks for ways to improve his work or behavior. That is, it reveals the necessary level of independence for the school.

Even difficult work, which requires considerable effort, is easier for preschoolers if its process and result are exciting and cause positive experiences. Experiencing positive emotions related to work, the joy of learning something new, the satisfaction of completing a task, the pleasant anticipation of a high evaluation creates a favorable background in educational activities. Deprived of joy, intensified mental work can become boring, undesirable, and difficult for a child.

Many educational events generate not only positive, but also negative experiences (mistakes, failures, low grades). In such cases, children feel dissatisfaction and disappointment. In some they pass quickly, in others they walk for a long time upset; some cry, others stubbornly refuse further work. Too strong negative emotions or indifference to the results of one's work and studies are possible. Educators are called to help the child not to give in to his feelings, master them, control his emotions, and restrain their overly stormy external manifestations. It is not easy for children of older preschool age, because emotional excitability is a feature of their age.

A characteristic feature of this period is the ability to act on moral motives, as well as to give up, if necessary, what is particularly attractive.

Voluntary regulation of preschoolers' behavior is characterized by the unity of the motivational and operational sides, which is manifested in the attitude to difficulties and typical ways of overcoming them. Therefore, the primary importance in the formation of the will is the education of motives for achieving the goal, despite various obstacles. Thanks to this, she acquires the ability to overcome the difficulties that inevitably arise at school on her own, with little help from adults.

The level of emotional, volitional, motivational readiness for school also depends on the conditions of the preschool and especially the family. Children who grew up in friendly conditions felt supported by adults in their desire for independence, efforts to act creatively, and are usually ready for school. their activity is supplemented and strengthened by independence, confidence, and a sense of their

ability to cope with a difficult task. Failures can sometimes cause them to cry, but children quickly forget the troubles that happened during classes and games, and correct the mistakes they made. Those preschoolers who lacked warmth and care at home, who did not feel respect for themselves and their own security, feel much worse in such situations. They are timid, passive, helpless, with low self-esteem and a level of harassment. They have few friends; stiffness prevents them from showing initiative. The most significant causes of such qualities are a negative situation in the family, attempts by parents to isolate the child from his peers, limit his independence, intrusive teachings and moralizing, insults, humiliation, ridicule, physical punishment for mistakes and failures, sharpening attention to his weaknesses and shortcomings.

In a comprehensive study of children's psychological readiness for school, conducted under the leadership of V.Kotyrlo, scientists singled out volitional readiness as a constituent component. Its content consists of: voluntary actions (primarily actions according to previous verbal instructions), voluntary mental processes (perception, thinking, memorization, reproduction, etc.), as well as structured activity and behavior in which motives and goals are realized and efforts are mobilized. At the basis of this, according to V. Kotyrlo, there should be a sufficiently high level of volitional development of children on the eve of school, during which they demonstrate the ability to direct their mental activity and manage themselves, based on the requirements of a specific task and activity in general, rules of conduct, moral norms, accessible to her age. It manifests itself when achieving important goals for the child in the game, in the process of various types of activities, in communication with people. To determine the level of voluntary regulation of children's behavior, scientists suggest using data from observations of various forms of children's activities and relationships, as well as the results of their performance of a number of games-tasks.

In the first task, "Circles", children's ability to listen to and remember verbal instructions, to build their actions according to these instructions, is determined. The second task "A Weave" is aimed at revealing the ability to analyze a sample, to

establish the principle of building a series based on the selection of its elements. In the game task, built on the basis of the story picture “Find who and where hid?” in children, the level of development of voluntary attention and perception, the ability to purposefully search for a solution is revealed. The next game “Saucer” aims to determine the level of purposefulness’ development, activity of goal achievement and overcoming difficulties.

In works devoted to the study of the prerequisites necessary for children to master educational activities, D. Elkonin and his colleagues outlined the parameters of the current level of development of voluntary regulation of senior preschoolers, which are the basis of learning in the first grade of school. Among them: the ability of children to consciously subordinate their actions to a rule that generally determines the way of action; the ability to focus on a given system of requirements; the ability to listen attentively to the speaker and accurately perform tasks given orally; the ability to independently perform the necessary task according to a visual sample. With the help of developed methods of determining the formation of prerequisites for mastering educational activities, in particular, the “Weave” method by L. Tsekhanska (1978), the “Graphic dictation” method by D. Elkonin (1988), the “Drawing by dots” or “Pattern and rule” method by O. Wenger (1981, 1989), etc., it is possible to establish the level of development of voluntary regulation in a child on the eve of the beginning of his school life.

Calling the game a “school of arbitrary behavior”, D. Elkonin emphasized the need to diagnose the level of formation in children during the transition from preschool to junior school age, along with other structural components of game activity, the following indicators: the correlation of roles and rules, the level of obedience to the open rules of the game, the development of self-control. In a role-playing game, according to D. Elkonin, the very mechanism of controlling one's own behavior, the mechanism of obeying the rules, is formed in the child, which will then manifest itself in games with rules not related to the role, as well as in other specifically children's types, at the age of 6-7 activity.

Scientists have repeatedly proven the exceptional role of play motivation in

the child’s manifestation of voluntary regulation of his actions, the ability to demonstrate the highest level of development of voluntary behavior in the game, which shows the potential possibilities of its voluntary manifestations in other types of children’s activities (Gutkina N., 1996; Zaporozhets O., 1948 ; Elkonin D. 1965; Kotyrlo V., 1971; Kulachkivska S., 1973; Manuylenko Z., 1948; Leontiev O., 1948; Tsirkun N., 1991; Gubareva O., 2005). Considering this fact, child psychologists propose to determine the child's readiness for school and, in particular, the development of voluntary regulation, directly in the game: story role-playing, games with rules, during the performance of game tasks (M. Bityanova, 2000; N. Gutkina, 1988, 1990, 1991; Kondratenko T., Kotyrlo V., Ladyvir S., 1986; Kravtsova O., 1991, Kulachkivska S., Pirozhenko T., Solovyova L., 2003, etc.).

The criterion that characterizes the child's ability to actively implement the acquired experience in the activity, to manage his behavior, will be determined through such a meaningful component of the activity as the regulatory one. Scientists see the psychological essence of the term “regulatory component of activity” in the qualitative level of meaningful activity (Golubeva E., 1986); connect with the process of optimization of all necessary components of activity responsible for its adequacy, economy, efficiency and effectiveness (G.Kuzmenko, 2013); characterized by such personal manifestations as accuracy, responsibility, organization and the ability to see things through (O.Temnyatkina, 2015). Regulation in a broad sense, according to K.Platonov, means "bringing something into line with something external in relation to what is given to it." The content of the concept of “regulation” is usually revealed through self-regulation as a conscious activity of the subject in the direction of correction (inhibition or activation) by a person of his movements, actions, mental states, behavior, personal self-development based on internal standards (Bandura A., 2000; Konopkin O., 2005; Maksimenko S., 2006, Rubinstein S., 1999, etc.). Regulation is a process that determines the direction of actions and methods of their implementation. The mechanism of conscious regulation is based on the ability to manage one's mental activity and behavior – to direct one’s actions in accordance with a given task or

requirement, to subordinate them to specific goals. In our further work, if it is necessary to characterize the child's behavior in the process of achieving the goal of the activity, we will use the concepts of regulation, management, control as synonyms.

Indicators of the manifestation of the regulatory component of the activity of a child of older preschool age will be considered the following achievements in the field of volitional development of his personality:

– the ability to perform actions according to a model;

– the ability to perform actions according to verbal instructions (follow the rules of the game and relationships, one's own idea);

– the ability to show purposefulness, activity in achieving the goal, readiness to overcome difficulties.

The specified indicators have their characteristic manifestations in each of the specifically children's activities, organized by children independently and with the support of an adult: game, communicative, speech, health-preserving, household, artistic-creative, cognitive-research. A comprehensive assessment of the child's readiness for school life will reflect the results of studying, along with regulatory, such content components of his activity as emotional-valuable, cognitive, creative, etc., which together will create a real picture of the state of development of the child's personal assets, the basis of the formed key competencies of older preschoolers – "bases for enriching and deepening the content of education in primary and secondary school".

*Psychological characteristics of levels of development of arbitrariness of emotional regulation in younger schoolchildren*

In foreign psychology, the works of a number of scientists are devoted to the problem of the emotional sphere arbitrariness. Such scientists as L.M.Wecker, K.Izard, V.L.Lai, J.Piaget believe that the arbitrariness of emotional regulation depends on the development of the cognitive sphere of the individual, because the development of the arbitrariness of emotions is influenced by cognitive interest, processing of received information, the need in cognition and operation of

accommodation and assimilation.

According to V. O. Yanchuk, positive influence on the arbitrariness of emotional regulation contributes high productivity of certain types of activities, that is, the speed of reproductive processes and the speed of simple thought processes.

The main component of the arbitrariness of the emotional sphere is the development of emotionality of the individual. V. D. Nebylitsyn, A. E. Olshannikov believe that emotionality as a stable quality of a person is characterized by various signs, traits, features and is determined by the quality of emotions that reveal a person's attitude to events, other people, and himself.

Emotionality, with the help of a high or low level of pleasure, regulates our activity, directs it. According to S. L. Rubinstein, emotionality or affectivity is only one, specific side of cognitive processes that reflect reality in experiences. The scientist singled out several levels of the development of emotionality: the level of organic-emotional sensitivity, where elementary sensations are presented; the level of subjective feelings that are relevant to several subject areas and are conscious; higher level – developed worldview feelings. The emergence of will is closely related to the manifestations of emotions (emotionality) and a person's ability to regulate them and arbitrarily determine and be responsible for his behavior.

R.Assajoli adheres to the opinion that voluntary activity is confined connection with consciousness and is the unifying center of all elements of mental life. The scientist describes 3 stages of the development of arbitrariness: aspects that ensure the development of arbitrariness of mental processes; qualities that are characterized by willpower as a way of manifesting will in action, i.e. arbitrariness of action and activity; act of will includes will power, volitional qualities, volitional regulation.

Ye. P. Ilyin is convinced that arbitrariness is self-management of one's own behavior with the help of consciousness, which forms a person's independence not only in decision-making, but also in taking the initiative to manifest actions, their implementation and control. Emotions and will (arbitrariness) are important components of regulation and management of human behavior, activity and

communication.

Arbitrariness, according to L.S.Vygotsky, is the ability to control oneself, one's external and internal activities on the basis of cultural means of its organization. The development of arbitrariness is directly socially determined and consists in mastering the means that allow one to understand one's behavior and manage it. Insufficient development of arbitrariness affects the development of the personality, which can manifest itself in the form of laziness, antisocial or addictive behavior. On the basis of foreign and domestic scientific sources, we singled out the following scientific approaches to understanding the arbitrariness of emotional regulation: a regulatory-behavioral approach, where will and emotions act as internal mechanisms that regulate behavior (M. Ya. Basov).

The ability to arbitrariness and volitional actions allows a person to control his emotional reactions (K. Levin), and the course of emotions is subject to personal regulatory processes, which include modification of the assessment of the situation, impulse control – inhibition of the tendency to act, (O.Staller, P.Pette); the cognitive-regulatory approach determines that most human emotions are involved in the regulation of thinking and motivation (L.S.Vygotsky, O.M.Leontiev), and the development of emotions' arbitrariness is influenced by cognitive interest, processing of received information (J.Piaget, L.M.Wecker); motivational-regulatory approach, whose representatives claim that the ratio of motives and goals is a component of the emotional sphere arbitrariness. A complex structure is internal motivation, which is related to the motivational function of activity and is characterized by the development of morality (I.O.Vasylieva, V.K.Vilyunas, B.I.Dodonov, Yu.M. Zabrodin, V.A. Ivannikov); adaptive-regulatory approach, whose representatives believe that emotions organize and control human perception, thinking and actions (K.Izard) and emotional regulation is important for the relationship with perceptual processes, which contributes to the development of personality adaptation (S.A.Denham, N.A.Fox); the sociocultural approach of experiencing emotions and their expression depends on the elements of cultural and social learning (P. Ekman).

V.I.Lubovskyi and H.G.Kravtsov point out that the arbitrary regulation of one's own emotions, which is included in the structure of arbitrariness of mental activity, begins to form in a child late.

The authors determined the levels of development of the arbitrariness of mental activity: the arbitrariness of sensorimotor activity; arbitrariness of higher mental functions regulation; arbitrariness of emotional regulation. Initially, the level of arbitrariness of emotional regulation develops with the help of the presence of an adult, his speech and emotional assessment of the child's behavior. The mother's emotional assessment is extremely important for the child's sensorimotor development, and the arbitrariness of higher mental functions can partly determine the arbitrariness of movements. But it is important that the sequence of formation of arbitrariness from the simplest sensorimotor act to the most complex – arbitrariness of emotional regulation should be preserved.

N.M.Sorokina notes that the development of arbitrariness of emotional regulation is a complex process that is formed sequentially, starting with the development of a child's motor regulation. At the same time, speech and evaluation by an adult always play a leading role in the development of self-regulation methods and forms of self-esteem of a child. The main thing in the development of arbitrariness of emotional regulation and arbitrariness of activity is the observance of the sequence of stages of activity in order to achieve the desired result; control of activities in accordance with the intended plan; conscious attitude to emotional states, including negative modality (anger, sadness; the ability to accept, understand and adequately respond to them); the ability to subordinate one's emotions and actions to motives; tolerance in communication and interaction with adults and peers (ability to "accept another's position"); ability to plan activity regulation. It should be noted that an important condition for the development of the arbitrariness of a child's emotional regulation is the formation of the above-mentioned levels of development of the arbitrariness of mental activity. Based on a theoretical analysis, it was determined that the arbitrariness of emotional regulation is a neoplasm of primary school age, which consists in the ability to subordinate one's immediate

desires to consciously set goals, to control the course own emotions and behavior when achieving them.

So, the approaches revealed in the process of analysis of literary sources reveal the essence of the arbitrariness of the emotional regulation of the personality, point to its significance in relation to the processes of development of self-control of emotional and behavioral manifestations, regulation of activity and development of the will. Therefore, when analyzing this problem, we should focus on the study of the levels of development of arbitrariness of emotional regulation of a junior high school student, which contribute to academic success, adequate behavior of the child, and the development of character traits such as purposefulness and organization.

The group of experts included 25 employees of secondary schools (among them: 16 teachers, 3 practical psychologists, 3 social pedagogues) with at least 10 years of experience working with children who participated in the experimental study. The expert group was offered a questionnaire, which was compiled on the basis of the methods used to study the peculiarities of the arbitrariness of emotional regulation of primary schoolchildren.

Based on the results of the correlation analysis and expert evaluations regarding the development of the arbitrariness of emotional regulation of children of primary school age, the following levels of its development were identified: high, average, low.

It was found that 30% of primary schoolchildren who control their emotions well, achieve the set goal, and in case of failure, make new attempts to solve the problem, have a high level of development of the arbitrariness of emotional regulation; have low indicators of anxiety, aggressiveness and irritability; in which self-management of behavior and high conscious organization of actions have been formed. They are characterized by a demanding attitude to learning, purposefulness, discipline, do not violate the rules of behavior at school, adapt well to the conditions of the surrounding environment, successfully fulfill school tasks and adults' requirements.

The average level of emotional regulation arbitrariness was found in 48% of primary school students, which is characteristic of children with a sufficient level of emotional regulation development, who are almost always able to control their emotional states when they are criticized for behavior violations or poorly done work; they sometimes violate the rules of behavior at school, which can occasionally cause conflict situations with peers and adults. They are not always active, but show independence and determination in familiar situations; when performing interesting work, they show stubbornness, purposefulness in achieving the goal and are no different from representatives of a high level, but when the work is not exciting, but necessary, then children succumb to difficulties and stop completing the task or replace it with another activity.

Children with a low level of development of arbitrariness of emotional regulation (22%) are characterized by high emotionality, a negative attitude to difficulties. They are unable to overcome negative emotional states, mobilize their emotions and willpower. They develop a positive attitude towards easy and interesting work. However, when required to perform difficult, albeit demanding work, they often do not restrain and do not control their emotions and emotional states, so such children have conflicts with adults and they do not adapt well to the surrounding environment.

It was established that the majority of primary school students from the first to the third/fourth grade have positive dynamics of the development of arbitrariness of emotional regulation from a low to an average level. However, some students have a low level of it, which can cause uncontrollable emotional manifestations, conflict situations with adults and peers and requires targeted corrective and developmental work aimed at increasing the level of arbitrariness of emotional regulation of primary schoolchildren.

In the process of analyzing foreign and domestic scientific sources, we singled out scientific approaches to understanding the processes of development of the arbitrariness of the emotional regulation of the individual: activity-regulatory approach; regulatory-behavioral approach; cognitive-regulatory approach;

motivational and regulatory approach; adaptive-regulatory approach; sociocultural approach.

The development of primary schoolchildren's emotional sphere is characterized by a certain correlation of its arbitrariness and emotionality. Both in foreign and domestic science, the development of arbitrariness of emotional regulation is considered as an internal mechanism of personal development and is associated with the development of cognitive and cognitive processes. In the process of conducting a study on the level of development of the arbitrariness of primary schoolchildren's emotional regulation, a tendency was observed in them towards an average level, but a low level was found in almost a third of the subjects, which can cause inadequate manifestations of emotions and emotional states, lead to conflicts with others, especially with teachers and parents, and also contributes to weak control of one's actions, inability to organize activities and negative adaptation in the environment. A high and average level of primary schoolchildren's arbitrariness of emotional regulation development is a prerequisite for the development of the child's will and volitional processes. Therefore, adults need to help the child in planning his activities during the day, in doing homework tasks and parents' ability to control their negative emotions and emotional states, which will allow the child to positively develop his personal sphere.

*Methods of studying voluntary regulation of behavior and activity (emotional and volitional readiness)*

http://bezlyudivka-lyceum.edu.kh.ua/Files/downloads/2.2.%D0%94%D0%B0%D0%B3%D0%BD%D0%BE%D1%81%D1%82%D0%B8%D0%BA%D0%B0_%D0%B3%D0%BE%D1%82%D0%BE%D0%B2%D0%BD%D0%BE%D1%81%D1%82_%D0%B4%D1%82%D0%B5%D0%B9_%D0%B4%D0%BE_%D1%88%D0%BA%D0%BE%D0%BB%D0%B8.pdf

“Graphic dictation” test

Method “Sample and rule” (according to O. Wenger)

“A House” test (assessment of the ability to act according to the model)

Labyrinth test (assessment of the ability to follow the rules)

“Color the picture” test (E.E. Kravtsova)

Methodology of L. Krasylinkova “Don't say yes and no” (the text of the method is based on A.G. Leaders, 1995)

*Determining the emotional attitude of an older preschooler towards himself and his peers – the “Two huts” test*

The “Two Huts” test is one of the sociometric options for identifying children with problems communicating with their peers (in the context of our study, these are emotional disorders in communication).

Already in the older group of the kindergarten, there are quite strong electoral relations. Children begin to occupy different positions among peers: some are more popular among most children, and others are less popular. Usually, the preference of some children over others is associated with the concept of “leadership”. However, it is more correct for this age to talk not about leadership, but about the attractiveness or popularity of such children, which, unlike leadership, is not always connected with the solution of a group task. The degree of popularity of the child in the peer group is of great importance. The next path of his personal, social and emotional development depends on how the relationships of the preschooler in the peer group are formed.

To conduct the test, you need a sheet of paper on which two houses are drawn. One of them is larger – a red one, the other smaller – a black one. As a rule, this drawing is not prepared in advance, but is done in front of the child with black and red pencils.

Children are said to: “Look at these houses. Imagine that the red house belongs to you, it has a lot of nice toys, and you can invite everyone you want. And in the

black house there are no toys at all. Think and say which of the children of your group you would invite to your home, and who would you settle in a black house".

Special attention should be paid to those children who send the bulk of their peers to the black house, remaining alone or surrounded by adults. As a rule, these are either very closed, emotionally unstable, anxious, unsociable children or conflicted, who managed to quarrel with almost everyone. We can say with great probability that such children will have difficulties in communicating with their classmates at school.

On the other hand, if the child does not experience difficulties in communicating with peers, and his company is desirable for many other children, then this indicates that the child's emotional readiness for studying at school is at a sufficient level. After entering the first grade, children will have to establish contacts with a new environment – their classmates. Accordingly, it can be predicted that children who did not have problems with emotional communication in preschool will not have them at school.

Diagnostics of the adequacy of emotional manifestations and reactions of the studied children of older preschool age. For this, we used the developing, emotional and communicative game "Alphabet of Moods", worked out by N.L. Belopolska.

Children were offered didactic cards with pictures of people or animals that reflect different moods – joy, grief, fear, complacency, aggression, dissatisfaction. Children described how they understood each of the proposed pictures, remembered when they felt this or that emotion. Children were also asked to draw a line of the intensity of their emotions. If the emotion is good, then it should be drawn with a red pencil, if it is bad – with a black one.

The psychologist offers the children: "Please look carefully at these pictures. Build a sentence on behalf of the character depicted in each of them. Prove that your idea of its content has an objective basis that can be seen by others besides you".

The psychologist records the subject's statements in detail. The number of qualitative characteristics in the description of the experience of each character is counted. The average number of such characteristics for the group is calculated, and

in comparison, with them, a conclusion is made about the individual emotional sensitivity of the subject.

“Use coloured pencils to assess characters’ experiences”. Each colour corresponds to a certain experience: red – delight; blue – concern; orange – joy; purple – anxiety; yellow – pleasure; black – gloom; green – peace.

Express the intensity of the experience in the length of the line. Mark your own experience at the moment with a colored pencil on line 5”.

It is important that each child understands what is required of him. Only in this case the obtained results will be reliable.

## 2.5. General requirements for organizing and conducting a psychodiagnostic examination of a child’s psychological readiness to study at school

The child’s psychological readiness for systematic schooling is manifested in the following signs:

a) intellectual:

- the presence of basic ideas about natural and social phenomena, a general stock of knowledge about the surrounding world, about people, about oneself;
- differentiated perception;
- managed concentration of attention;
- analytical thinking (the ability to identify the main signs and connections between phenomena, to reproduce a sample, the formation of thinking, comparison, analogies, analysis, synthesis, generalization, concretization, classification) and developed forms of thinking (visual-figurative, visual-schematic);
- logical thinking and memorization;
- interest in classes, the result of which can be achieved only at the cost of effort, interest in learning new knowledge;
- mastery of oral speech, the ability to remember and use symbols;
- development of fine motility of the hand and sensorimotor coordination (visual-motor, auditory-motor, etc.);

- creative imagination;

b) personal:

- the formation of a positive "self-concept" of the child (positive emotional attitude towards oneself, acceptance of oneself as an individual with one's own advantages and disadvantages, self-respect);

- motivational readiness (development of educational motivation: desire to go to school, acquire new knowledge, desire to take a new social position – the position of a schoolchild);

- emotional and volitional readiness: intellectualization of experiences, i.e., conscious orientation in one's own emotions and feelings, ability to self-control;

c) socio-psychological:

- the ability to fulfill the social role of a student during schooling, the need to communicate with others (in the “student – teacher”, “student – student”, “student – parents” systems);

- the child’s attitude towards the teacher as an adult with special social functions is formed;

- the development of the necessary forms of communication with peers (the ability to establish equal relationships, be friendly, etc.), certain communicative abilities;

- the possibility of perceiving the interests and customs of the children’s team, as well as participating in their establishment; the ability to defend one’s own point of view.

*Psychological diagnosis*

Before carrying out diagnostics, it is first necessary to develop a program of examination of children, to clearly formulate its purpose and tasks; plan the stages, content, time and place of the event, determine the composition of the participants; discuss in detail and work out the procedure for determining the components of psychological readiness, prepare all the necessary materials for individual and group work.

The most important task facing the teachers of the school is to make the child

feel that the school and the teacher are waiting for him, that he is interesting to everyone as he is, to support in the child the joy of waiting for coming to the 1st grade, meeting the teacher and classmates. For this reason, psychological diagnosis should be organized as an informal communication, in the context of which test tasks are naturally included. It is important that, under any circumstances, the child does not feel that he “does not meet” the school requirements.

In a diagnostic interview with a child, conducting a conversation with the use of test techniques, the examination should be balanced by a discussion of issues related to the child’s personal interests. During individual communication, the psychologist gets a unique opportunity to timely support positive and remove or weaken disturbing tendencies.

Other authors (H.G.Kravtsov, E.E.Kravtsova) examine the system of the child’s relationship with the surrounding world and identify indicators of psychological readiness for school, related to the development of various types of relations of the child with the surrounding world. In this case, the main aspects of children’s psychological readiness for school are:

– arbitrariness in communicating with adults;

– arbitrariness in communication with peers;

– an adequately formed attitude towards oneself.

Preparing children for school is a complex task that covers all spheres of a child’s life. Psychological readiness for school is only one aspect of this task, but different approaches are distinguished within this aspect:

– research aimed at the formation of preschool children of certain skills and abilities necessary for studying at school;

– research on neoplasms and changes in the child's psyche;

– research of individual components of educational activity and identification of ways of their formation;

– studying the child’s ability to consciously subordinate his actions to the given while consistently following an adult’s verbal instructions.

Thus, the following basic components can be distinguished in psychological

readiness for schooling: intellectual readiness (cognitive processes, sensorimotor skills, ability to learn); personal readiness (motivation, will, emotions, personal orientation, self-awareness); social readiness (communicative and social competence). The ratio of basic and derived components (parameters) with the criteria of children's psychological readiness for schooling is presented in detail in the table 3.

Table 3.

Normative criteria of a child's psychological readiness for schooling

| Psychological readiness for schooling | |
|---|---|
| | Criteria |
| Intellectual readiness | |
| Perception | *Formation of visual perception*<br>The development of subtle and sufficiently differentiated visual analysis and synthesis, the formation of visual-spatial representations:<br>the ability to distinguish figures from the background;<br>the ability to distinguish objects and geometric figures by their shape (round, oval, square, rectangular, triangular, etc.);<br>the ability to distinguish objects and geometric shapes by size (large, small, medium) and understand their ratio (large - small, more - less; long - short, longer - shorter; tall - low, higher - lower; thick - thin, thicker - thinner; wide - narrow, wider - narrower); |
| | the ability to determine the location of objects and geometric shapes in space relative to each other, that is, to understand the spatial relationships between them (high - low, top - bottom, higher - lower; far - close, further - closer, in front - behind; left - right). |
| | *Formation of auditory perception*<br>Differentiation of speech sounds (phonemic hearing): formation of initial forms of sound analysis and synthesis of words; the possibility of clear auditory differentiation of acoustically close sounds. |
| Attention | *Arbitrary attention:*<br>sufficiently formed volume, stability, distribution, switching, concentration; the ability to concentrate for a long time. |

| | |
|---|---|
| Memory | *Random memory:* formed verbal mechanical memory, ease of memorizing words by ear; developed figurative visual working memory; the ability to remember logically. |
| Thinking | *Forming the main types of thinking:* visually-active, figurative, verbal and logical thinking (in the initial stage of development);<br>*Formation of thinking operations:*<br>analytical thinking (identification of the essential in the phenomena of the surrounding reality);<br>establishment of cause-and-effect relationships and regularities between phenomena;<br>the ability to compare and contrast (the ability to see similarities and differences);<br>the ability to generalize and infer (the ability to reason, identify a general course of action, the ability to grasp the situation holistically, understand its content and make conclusions). |
| Speech | The development of dialogic and monologic speech as a means of communication and a prerequisite for mastering written speech:<br>correct pronunciation of all speech sounds (first of all, there should be no replacement of one sound by another);<br>possessing a sufficient amount of vocabulary, provided that the meaning of the learned words is correctly understood;<br>the ability to form sentences grammatically correctly, that is, in accordance with the laws of grammar, connect individual words together to express a complete thought;<br>mastery of coherent speech, that is, the ability to logically and consistently connect separate sentences with each other to build a coherent sentence. |
| Sensorimotor | *Sensorimotor coordination:*<br>development of analysis systems (orientation in space);<br>development of fine motor skills (graphic skills, manipulation of small details, actions with buttons, laces, drawing) motor skills, movement skills (ability to run, jump, climb, crawl, throw, catch; performing coordination and dexterity exercises). |
| Learning | Psychological prerequisites for mastering educational activities: the ability to understand and accept the educational task; the child's ability to consciously subordinate his actions to a rule, a generally defined way |

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|---|---|
| | of acting; the child's ability to navigate the system of rules at work; the ability to work according to a sample;<br>the ability to listen, understand and follow the instructions of an adult; the ability to accept the help of an adult;<br>the ability to transfer the acquired knowledge and methods of action to the performance of similar tasks; ability to plan own actions and control them. |
| Personality readiness | |
| Motivation | Sufficient level of motivational development of the child:<br>formation of the learning motive (cognitive and social learning motives);<br>positive attitude to learning;<br>subordination of motives (hierarchy of motives). |
| Will | *Sufficiently formed arbitrariness*:<br>the ability to perform a not very attractive task for a long time; the ability to overcome difficulties;<br>the ability to bring the started work to completion;<br>the ability to freely regulate behavior (perseverance);<br>the ability to arbitrarily regulate behavior and cognitive processes with the help of words. |
| Emotions | *Formation of the emotional sphere:*<br>the ability to recognize and understand non-verbal and verbal expressions of other people's emotions;<br>development of higher feelings and emotions (compassion, responsibility, pride, etc.);<br>depth and stability in the manifestation of feelings;<br>arbitrariness in managing emotions and feelings. |
| Personality orientation | Formation of the schoolchild's internal position:<br>the presence of cognitive interests (interest in learning, acquiring knowledge, abilities and skills, in obtaining new information about the environment);<br>formed personal interest in the new, proper school content of lessons (literacy and numeracy);<br>readiness to change social position;<br>the desire to learn, the child shows a "feeling of the need to learn"; curiosity, the need to independently find answers to questions of |

| | |
|---|---|
| | interest; the presence of a meaningful idea in the child about preparation for school; giving preference to group classes over individual study at home; discipline; adoption of the traditional teaching method of assessment (assessment); recognition of the teacher's authority; the emergence of the first schematic, holistic children's worldview. |
| Consciousness | the ability to reflect on one's activities; personal and social identity (initial forms); differentiation of self-image ("me"-real and "me"-ideal); the need to achieve success; the ability to correctly assess one's real and potential opportunities; adequate self-esteem and level of harassment corresponding to real opportunities; Specific self-evaluation, evaluation of "me" in a specific activity. |
| Social readiness | |
| Communicative competence | Prerequisites: presence of the child's need and desire to communicate with peers and adults; having a positive attitude towards communicative activity; formation of communicative character traits - sociability, contact, responsiveness, conscientiousness, perseverance, etc. Knowledge: knowledge and understanding of speech culture of communication; knowledge and understanding of non-verbal communication; Skills and abilities: the formation of communication skills, the ability to come into contact with both peers and adults; the ability to harmoniously combine expressive, verbal and non-verbal means of communication; arbitrariness in communicating with adults (ability to accept educational tasks and instructions from an adult); the ability to interact on a partnership basis (the ability to fairly distribute functions, negotiate, justify one's opinion, concede, prevent conflicts and resolve them fairly). |
| Social competence | Prerequisites: awareness of one's social self (perception of oneself in the context of relationships with others, sense of belonging to a certain social group); |

| | |
|---|---|
| | the ability to feel confident outside the home, in a different social environment (absence of fear, indecision).<br>Knowledge:<br>knowledge of the basic norms and rules of behavior in the social environment;<br>understanding the role of a teacher, which is different from the role of an educator and mother;<br>understanding of one's social role as a future student, for whom the leading activity is learning. |

In the proposed table 3 the main criteria of children's psychological readiness for schooling, which are presented in the psychological and pedagogical literature have been summarized and systematized. The results of this generalization indicate the limited consideration of self-awareness as an important component of a child's personal readiness for schooling.

Thus, the analysis of methods for researching a child's psychological readiness for school, proposed by N.I.Gutkina, N.M.Stadnenko and others, shows that they are more focused on the diagnosis of intelligence and fine motor skills, while the personal component of school readiness is practically not investigated, and its diagnosis is usually limited to the study of motivation and self-esteem. This is caused, according to O.A. Schwartzman, greater availability for research using existing psychological methods of cognitive abilities and visual-motor coordination than the child's personality.

According to majority of scientists' position, a future student should: have the skills to communicate with adults and peers, know certain norms and rules of social behavior, be able to correctly assess his real and potential opportunities, have certain ideas about himself as a personality.

Therefore, a preschooler should have a harmonious self-concept, according to his age, because the child's personality for himself and other people is presented precisely in his self-concept, which has a figurative and conceptual content, colored by emotional and evaluative attitudes that condition actions and child's behavior By a harmonious self-concept, we mean the set of agreed knowledge of the child about

himself, the child's acceptance of himself as he is, that is, his awareness of his own advantages and disadvantages, a positive attitude towards himself, which contributes to self-development and the formation of a psychologically and socially mature personality capable of self-realization in a social environment.

To diagnose a child's psychological readiness for school, it is advisable to use the method of L.Ya. Yasyukova The proposed technique can be used to solve the following problems:

To diagnose the readiness for schooling of children of preparatory groups of kindergartens;

To study the individual psychological characteristics of first and second graders in order to individualize and optimize the learning process;

To work with problem children in the process of individual counseling at the request of parents, teachers, kindergarten (preschool) teachers.

The diagnostic complex consists of two methodological blocks. The first block is intended for group testing and contains the Bender Gestalt test (visual-motor coordination), the Toulouse-Pieron test (neurodynamic features, attention, working capacity), the Raven test (subtests A and B – visual-linear and structural thinking), as well as projective tests "Family picture" and "Tree" (personal characteristics, self-esteem, family atmosphere). Group testing should not be conducted in the form of a game, it is necessary to create an atmosphere of a regular lesson. This will make it possible to find out the readiness of the child to accept the teacher's explanations and the ability to work independently according to general instructions.

The second block of methods is intended for individual work with the child and contains tasks aimed at measuring the volume of short-term (visual and auditory) memory, structural-level characteristics of thinking in auditory and visual modularity, speech development and personal characteristics of the child (test Temmle, Dorkey, Amen – anxiety level, Lüscher's color test – energy support and emotional attitudes towards school.

Thus, the technique of L.Ya. Yasyukova consists of the following subtests:

Short-term speech memory;

Short-term visual memory;

Intuitive speech analysis-synthesis;

Speech antonyms;

Speech classifications;

Speech analogies;

Arbitrary command of speech;

Correction of semantically incorrect phrases;

Recovery of sentences;

Completion of sentences;

Intuitive visual analysis-synthesis;

Visual classifications;

Visual analogies;

Abstract thinking;

Test Temmle, Dorkey, Amen;

Lüscher's test;

Projective tests "Tree" and "My family";

Raven's progressive matrices;

Toulouse-Peron test.

According to the results of testing for each task, the child can be assigned to one of five zones. General principles of interpretation of these zones are offered below for all indicators, with the exception of emotional and energetic ones (Temmle, Dorkey, Amen and Lüscher test).

Zone 1 – level of pathology. It indicates a violation of mental processes, developmental anomalies' formation, which can be caused by complicated physiological or neurological conditions, injuries and chronic diseases. In this case, consultation of doctors and special educators is required.

Zone 2 is a weak level, or subnormal. It indicates insufficient development of mental processes. If the absolute majority of indicators do not exceed this zone, then the child will not be able to study at school independently. Enrollment in school is recommended to be postponed for a year, during which it is necessary to actively

work with the child in order to make up for lost time.

Zone 3 - the average level, or the norm. Typical for children entering school, and sufficient for entry into the regular general education curriculum. If the absolute majority of indicators do not fall below this level, then a conclusion is made that the child is ready for school. However, this conclusion does not exempt parents from constant monitoring of education and from the need to provide assistance. If you completely rely on the independence of such a child, then later he may find himself among the underachievers.

Zone 4 is a good level. Exceeds the typical level of development of children of this age, is necessary and sufficient for studying in high school, complicated programs.

Zone 5 – a high level. It occurs infrequently and indicates the child's giftedness. If at least half of the indicators are at this level, and the rest are at a good level, then the child needs individual, increased loads. Since not only ordinary, but also gymnasium programs will be too simple for him. Studying without stress will slow down the pace of development. The child will lose interest, his academic performance will decrease.

Correspondence of psychological qualities and methods of their research is presented in Table 4 below.

Table 4.

Correspondence of the qualities and methods that investigate them

| Psychological qualities | Methods and techniques |
|---|---|
| Speed of results processing | Test by Toulouse - Pieron (V) |
| Attentiveness | Test by Toulouse - Pieron (K) |
| Visual-motor coordination | Gestalt – Bender's test |
| Short-term speech memory | "Short-term speech memory" |
| Short-term visual memory | "Short-term visual memory" |
| Speech development | "Speech antonyms", "Speech classifications", "Speech fluency" |
| Visual thinking | Raven's test |
| Clear intuitive thinking | "Intuitive speech analysis-synthesis", "Intuitive visual analysis – synthesis" |
| Clear logical thinking | "Speech analogies", "Visual analogies" |
| Conceptual speech thinking | "Intuitive speech synthesis analysis", "Speech classifications", "Speech analogies" |
| Intelligible figurative thinking | "Intuitive visual analysis-synthesis", "Visual classifications", "Visual analogies" |
| Abstract thinking | "Abstract thinking" |
| Anxiety | Test by Temmle, Dorkey, Amen |
| Mood | Lüscher's test |
| Energy | Lüscher's test |

## CONCLUSIONS

Considering the issues of diagnosing the development of a child, we must remember its ultimate goal and meaning. They are to help the child solve the problems that he encounters along the way of socialization. Therefore, the diagnosis of deviations in the child's development should be understood not as a self-sufficient task, but as the first stage of providing him with assistance (psycho-correctional, rehabilitational, psychotherapeutic, etc.). It is the development of a help system to this particular child, taking into account his individual psychological features, and reflects the main meaning of the diagnosis. An important conclusion follows from this: psychological diagnosis, which is the result of diagnostics, should not only represent the child's individual psychological characteristics, but also the possibilities, ways and conditions of his development. In this form, psychological diagnosis can serve as a basis for correcting deviations in mental development, on the one hand, and the creation of external conditions most favorable for normal development, on the other. Psychological diagnosis becomes turns out to be practically expedient and applicable in this case.

Developmental diagnostics is used to solve the whole a number of tasks:

• a general assessment of the conformity of the level of development with the age norm and degree of deviation from it;

• differential diagnostics (accurate determination of the type of deviation developing development or mental pathology);

• development forecast in relation to certain social conditions (relations in the family, peculiarities of education, etc.);

• working out an assistance program (correctional, rehabilitational, psychotherapeutic);

• assessment of development dynamics to determine the effective the nature of the assistance provided to the child;

• determination of social (educational) conditions, to the greatest extent degree taking into account the individual characteristics of the child and possessing normal development.

Meanwhile, all of these tasks are united by their focus on development of the most effective system of assistance that allows to bring the child's development as close as possible to the age norm and create the most favorable conditions for his socialization.

A variety of methods are used to study the developmental characteristics of children. All diagnostic methods should be presented individually or to small groups of children attending an educational institution and having experience in teamwork. As a rule, tests are presented orally or in the form of performance tests.

When diagnosing, a variety of aspects of development can be exposed – from motor to personal ones.

So, for example, there are special scales that establish the social maturity of children, their ability to independently satisfy the simplest needs, the ability to adapt to a variety of environmental conditions. Quite well known is the Wineland scale, designed to study the child's ability to serve himself and take responsibility (this scale is also suitable for examining mentally retarded children and adults).

More recently created is the Adaptive Behavior Scale (ABC), developed by the Committee of the American Association for the Study of Mental Disability. It can be used to study emotional or any other mental disorders. To assess the level of mental development, the Stanford-Binet scale and the Wechsler test are most often used.

Three aspects of school maturity are most often analyzed - intellectual, social and emotional. American psychologists pay the most attention to diagnosing the intellectual components of school maturity. The most commonly studied functions are visual and auditory discrimination (for example, listening comprehension), vocabulary, general awareness, sensorimotor development, understanding of quantitative relationships, etc. The most popular in the United States is the National Readiness Test (MRT), designed for younger children. and middle groups of kindergarten (first level) and for the senior group and first graders (second level).

There are other series of tests, including diagnosing the level of learning of preschoolers, their possession of the simplest mathematical concepts and actions, the

ability to read, understand the meaning of verbally transmitted information, etc. The Kern-Jirasek school maturity test, which includes three tasks, has become quite popular in our country: drawing a male figure, drawing written letters, and drawing a group of dots. All of them diagnose, first of all, the degree of development of fine motor skills of the hand and visual coordination and hand movements. The author showed that his test has a high predictive validity and can predict the child's future success in school. However, children who perform poorly on the test can also demonstrate good academic performance, in connection with which the author emphasizes that the method he proposes is not sufficient to ascertain school immaturity, but only diagnoses the presence of school maturity.

In domestic psychology, there is also a variety of approaches to methods for determining psychological readiness for school. Various researchers highlight different aspects of development as the main criteria for readiness for schooling.

As a result of the survey, children are identified who need correctional and developmental work, which allows them to form the necessary level of readiness for school. During the survey, children with advanced development are also identified, in respect of which the psychologist should formulate recommendations on an individual approach to them.

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