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Components of the Pedagogical Diagnosis Process and Their Perception by Teachers of Mainstream and Inclusive Schools –Research Report (Part 2)

Składowe procesu diagnozy pedagogicznej i ich postrzeganie przez nauczycieli szkół ogólnodostępnych i integracyjnych – raport z badań (cz. 2)

KEYWORDS ABSTRACT

pedagogical diagnosis, diagnostic components, structure of the diagnostic process, teacher as a diagnostician.

Taking appropriate actions to stimulate the development of the student and to support his/her delayed or disturbed spheres of development requires recognition of the problem by conducting a diagnosis aimed at getting to know the examined child and their difficulties. The purpose of the study was to find out the opinions of teachers of mainstream and integrated schools on the process of pedagogical diagnosis and its components and their selected determinants. The study used the method of a diagnostic survey carried out with the use of the questionnaire technique. The questionnaire consisted of two parts. The first part consisted of two open-ended questions concerning the understanding of the idea of diagnosis and therapy by the surveyed teachers. The second part consisted of closed (categorized) questions related to various aspects of the process of pedagogical diagnosis and therapy. For the purpose of this article, only the responses from part two of the questionnaire related to the process of diagnosis and its components were analysed.

The research presented here refers to the evaluations of the process of pedagogical diagnosis including its most important components emerging from the beliefs of the surveyed teachers of mainstream and inclusive schools working with children with special educational needs. In addition, the analysis of the research results shows the perception of the process of pedagogical diagnosis by the surveyed teachers from the perspective of its selected components, which made it possible for us to determine the structure of this process crystallized in the opinions of teachers of mainstream and inclusive schools. Significant differences were found in relation to the indication of knowledge and communication as important components of the process of pedagogical diagnosis by teachers of mainstream schools with additional qualifications.

SŁOWA KLUCZE ABSTRAKT

diagnoza pedagogiczna, składowe diagnozy, struktura procesu diagnozy, nauczyciel diagnosta

Podjęcie właściwych działań stymulujących rozwój ucznia i wspomagających opóźnione lub zaburzone sfery rozwojowe wymaga rozpoznania problemu poprzez przeprowadzenie diagnozy zmierzającej do poznania badanego dziecka i jego trudności.

Celem badań było poznanie opinii nauczycieli szkół ogólnodostępnych i integracyjnych na temat procesu diagnozy pedagogicznej i jego składowych oraz ich wybranych uwarunkowań. W badaniu posłużono się metodą sondażu diagnostycznego, techniką ankiety. Kwestionariusz ankiety składał się z dwóch części. Część pierwsza kwestionariusza to dwa pytania otwarte dotyczące rozumienia przez badanych nauczycieli idei diagnozy i terapii. Natomiast część druga to pytania zamknięte (skategoryzowane), dotyczące aspektów procesu diagnozy i terapii pedagogicznej. Na potrzeby artykułu przeanalizowano tylko odpowiedzi z części drugiej kwestionariusza odnoszące się do procesu diagnozy i jego składowych.

Zaprezentowane badania odnoszą się do ocen procesu diagnozy pedagogicznej z uwzględnieniem jego najważniejszych składowych wyłaniających się z przekonań badanych nauczycieli szkół ogólnodostępnych i integracyjnych pracujących z dziećmi ze specjalnymi potrzebami edukacyjnymi. Dodatkowo analiza wyników badań ukazuje postrzeganie procesu diagnozy pedagogicznej przez badanych nauczycieli przez pryzmat wybranych jej składowych, co pozwoliło na określenie struktury tego procesu krystalizującego się w opiniach nauczycieli szkół ogólnodostępnych i integracyjnych.

Stwierdzono występowanie istotnych statystycznych różnic w odniesieniu do wskazań wiedzy i komunikacji jako istotnych składowych procesu diagnozy pedagogicznej przez nauczycieli szkół ogólnodostępnych posiadających dodatkowe kwalifikacje.

Introduction

The school environment gives the teacher the space to improve specialist competences, including diagnostic competences, hence the importance of being aware of one's own diagnostic competences through the development of reflexivity, which contributes to

[...] to thinking about one's own experiences related to a given problem and the current state of one's knowledge; to the awareness of particular difficulties experienced and, on this basis, to the correction of one's own diagnostic activities. Reflection introduces an additional dimension to understanding all activities, stimulates thinking, helps to improve the educator's skills and to learn more and more about oneself. Reflection provides the basis for explaining the success or failure of actions (Szkolak-Stępień, 2017, p. 50).

Reflection refers to personal experiences, opinions and beliefs, thinking about one's own functioning, openness in the search for knowledge and meaning, assigning values and meaning. Moreover, it involves the freedom of choice and distinguishing what is important at a given time.

In the case of teacher self-reflection, the dimension of self-evaluation of one's own professionalism is important, as

[...] a reflective practitioner continuously and systematically reads and gives meanings to facts and events. This requires courage and a willingness to take responsibility for the consequences of these readings and attributed meanings. Extensive and constantly growing general knowledge, supported by its almost universal availability, confronts the reflective teacher with the incessant need to select sources of information and critically interpret newly learned facts and phenomena. It also entails the need to update one's own knowledge and beliefs (Czerepaniak-Walczak, 1997, p. 94).

While preparing a diagnosis, the teacher should rely on as much diverse information as possible and take into account the influence of many factors. These will include those related directly to the person of the teacher: his or her personality predispositions, attitude towards people and openness in interpersonal relationships. Therefore, a conscious teacher who feels responsible for the process of diagnosis should understand that, in order to avoid a schematic way of proceeding, he or she must know what constitutes the essence of a given problem in order to choose the most appropriate working methods adapted to the child on the basis of the diagnosis (Wójtowicz-Szeffler, 2018). This is because conscious teachers "adapt their practice to the conditions of the dynamically evolving world, keep up with changes and even anticipate their directions, accept that students make mistakes, and reorganise the ways of their

own functioning at school accordingly” (Czaja-Chudyba, 2013, pp. 17–18). Thus, the teacher who prepares diagnoses, concerned with the quality of the educational process, will improve his/her professional competences in order to recognise what resources and skills the child has and what constitutes a problem for him/her. This knowledge is intended to prevent him from wasting his efforts in carrying out tasks that are not available even with the support of the teacher (Hajnicz, 2013, p. 36). Therefore, the improvement of the teacher’s workshop and undertaking multifaceted activities by the teacher should be based on the specialised knowledge and skills that are the basis of the teacher’s professional competence. Hence, the professional teacher will play a key role in the process of inducing changes in the student, taking into account his/her individual needs and developmental capabilities.

Method

The subject of this research was the beliefs of surveyed teachers from mainstream and inclusive schools about pedagogical diagnosis. The aim of the research was to find out the opinions of teachers from mainstream and inclusive schools on the components of the process of pedagogical diagnosis and their selected determinants (qualifications and length of service). The research focused on answering the following research problem: Are the beliefs of teachers in mainstream and inclusive schools about the components of the pedagogical diagnostic process in working with students with special educational needs determined (and to what extent) by additional qualifications and length of service?

The research used a diagnostic survey method and a questionnaire technique. This tool is discussed in detail in the article *Components of the Pedagogical Diagnosis Process and Their Perception by Teachers of Mainstream and Inclusive Schools – A Research Report (Part 1)* [Skladowe procesu diagnozy pedagogicznej i ich postrzeganie przez nauczycieli szkół ogólnodostępnych i integracyjnych – raport z badań (cz. 1)] (Skibska, J. and Twaróg-Kanus, A., 2022).

The selection of teachers was random, based on their consent to take part in the survey. A total of 244 teachers participated in the survey, 138 from mainstream schools and 106 from inclusive schools.

The group of respondents varied in terms of additional qualifications held and the length of service. In the mainstream school, 62% of the teachers had additional qualifications and 38% only had qualifications from their field of study. In the surveyed group of inclusive school teachers, however, the situation was the opposite. The majority of the respondents (59%) did not have additional qualifications, with only 41% of the respondents having them. In the mainstream school, 34.3% were teachers with up

to 10 years of experience, 35% of the respondents were teachers with 11 to 20 years of experience, and 30.7% were teachers with more than 20 years of experience. In contrast, the group of inclusive school teachers includes 26.7% of teachers with up to 10 years' length of service, 28.6% of the respondents are teachers with 11 to 20 years of experience, and 44.8% of the teachers with more than 20 years of experience.

Results

The research presented here refers to evaluations of the process of pedagogical diagnosis, including its most important components, by teachers in mainstream and inclusive schools and shows their dependence on the possession of additional qualifications and length of service.

In the first part of the article (Skibska, J. and Twaróg-Kanus, A., 2022)¹, the reference was made to the beliefs of the surveyed teachers of mainstream and inclusive schools regarding the process of diagnosis and its components. In the analysis that follows, we will refer to these research findings, verifying the relationship between the beliefs of the surveyed teachers regarding the components of the pedagogical diagnosis process and their additional qualifications and length of service.

The following findings refer to the determinants of the teachers' perception of the components of pedagogical diagnosis and their possible dependence on additional qualifications (Table 1).

Table 1. Components of the pedagogical diagnosis process and additional qualifications of the surveyed teachers of mainstream and inclusive schools

Components of the diagnosis process		People without additional qualifications		People with additional qualifications		Test result
		n	%	n	%	
Mainstream school						
Knowledge	not indicated	22	42,3	18	21,2	$\chi^2 = 5,984$ df = 1 p = 0,014
	indicated	30	57,7	67	78,8	
Practical skills	not indicated	20	38,5	22	25,9	$\chi^2 = 1,846$ df = 1 p = 0,174
	indicated	32	61,5	63	74,1	

1 This article was dedicated to the presentation of the beliefs of teachers of mainstream and inclusive schools on the components of the pedagogical diagnosis process in working with a student with special educational needs, taking into account the job position occupied by the surveyed teachers.

Components of the diagnosis process		People without additional qualifications		People with additional qualifications		Test result
		n	%	n	%	
Dynamism of action	not indicated	46	88,5	68	80,0	$\chi^2 = 1,103$ df = 1 p = 0,294
	indicated	6	11,5	17	20,0	
Noticing relationships among data	not indicated	46	88,5	69	81,2	$\chi^2 = 0,787$ df = 1 p = 0,375
	indicated	6	11,5	16	18,8	
Drawing conclusions based on the available data	not indicated	35	67,3	56	65,9	$\chi^2 = 0,000$ df = 1 p = 1,000
	indicated	17	32,7	29	34,1	
Noticing problem situations from different perspectives	not indicated	36	69,2	55	64,7	$\chi^2 = 0,128$ df = 1 p = 0,72
	indicated	16	30,8	30	35,3	
Predicting the results of one's decisions	not indicated	47	90,4	79	92,9	$\chi^2 = 0,044$ df = 1 p = 0,833
	indicated	5	9,6	6	7,1	
Cooperation	not indicated	47	90,4	78	91,8	$\chi^2 = 0,000$ df = 1 p = 1,000
	indicated	5	9,6	7	8,2	
Communication	not indicated	45	86,5	85	100,0	$\chi^2 = 9,442$ df = 1 p = 0,002
	indicated	7	13,5	0	0,0	
Inclusive schools						
Knowledge	not indicated	26	41,9	17	39,5	$\chi^2 = 0,002$ df = 1 p = 0,965
	indicated	36	58,1	26	60,5	
Practical skills	not indicated	13	21,0	10	23,3	$\chi^2 = 0,002$ df = 1 p = 0,969
	indicated	49	79,0	33	76,7	
Dynamism of action	not indicated	55	88,7	40	93,0	$\chi^2 = 0,162$ df = 1 p = 0,687
	indicated	7	11,3	3	7,0	
Noticing relationships among data	not indicated	54	87,1	39	90,7	$\chi^2 = 0,067$ df = 1 p = 0,796
	indicated	8	12,9	4	9,3	

Components of the diagnosis process		People without additional qualifications		People with additional qualifications		Test result
		n	%	n	%	
Drawing conclusions based on the available data	not indicated	41	66,1	26	60,5	$\chi^2 = 0,15$ df = 1 p = 0,698
	indicated	21	33,9	17	39,5	
Noticing problem situations from different perspectives	not indicated	45	72,6	25	58,1	$\chi^2 = 1,777$ df = 1 p = 0,182
	indicated	17	27,4	18	41,9	
Predicting the results of one's decisions	not indicated	55	88,7	39	90,7	$\chi^2 = 0$ df = 1 p = 0,998
	indicated	7	11,3	4	9,3	
Cooperation	not indicated	49	79,0	38	88,4	$\chi^2 = 0,971$ df = 1 p = 0,324
	indicated	13	21,0	5	11,6	
Communication	not indicated	57	91,9	40	93,0	$\chi^2 = 0,000$ df = 1 p = 1,000
	indicated	5	8,1	3	7,0	

χ^2 – chi-square test statistics; df – degrees of freedom; p – significance

Source: the author's own research.

In the case of mainstream school teachers, the possession of additional qualifications influenced [in the statistically significant manner ($p < 0.05$)] the definition of components of the diagnostic process in relation to particular aspects. More than a half of the teachers without additional qualifications (57.7%) indicated knowledge as a component of the diagnostic process. The percentage among teachers with additional qualifications was higher: 78.8%. Among teachers without additional qualifications, 13.5% indicated communication as an important component of the pedagogical diagnostic process, whereas teachers with additional qualifications did not pay any attention to this component of the diagnostic process.

With regard to the other components, statistically insignificant results ($p > 0.05$) were recorded for the group of mainstream school teachers. Practical skills as a component of the diagnostic process were indicated by 61.5% of teachers without additional qualifications and 74.1% of those with such qualifications. Among teachers without additional qualifications, 11.5% indicated dynamism of action as a component of the diagnostic process. The percentage in the second group was 20%. In the group of teachers without additional qualifications, 11.5% of the respondents

indicate perceiving relationships between data as a component of the diagnostic process. In the group of teachers with additional qualifications, on the other hand, the percentage was 81.2%. In turn, 32.7% of teachers without additional qualifications and 34.1% of those with additional qualifications indicate drawing conclusions on the basis of available data as an important component of the pedagogical diagnosis process. Among teachers without additional qualifications, 30.8% of the respondents and 35.3% of teachers with additional qualifications indicate noticing problems from different perspectives as an important component of the diagnostic process. In contrast, 9.6% of teachers without additional qualifications and 7.1% of teachers with additional qualifications perceive predicting the consequences of their decisions as a component of the diagnostic process. Among teachers without additional qualifications, 9.6% indicate cooperation as a component of the diagnostic process, while in the group of teachers with additional qualifications it is 8.2% of the respondents.

For teachers in inclusive schools, there was no statistically significant relationship between having additional qualifications and the way in which they defined the components of the diagnostic process ($p > 0.05$). Accordingly, 58.1% of teachers without additional qualifications and 60.5% of teachers with additional qualifications indicate knowledge as a component of the diagnostic process. In the group of teachers without additional qualifications, 79% and 76.7% of teachers with additional qualifications indicate practical skills as a component of the diagnosis process. Dynamism of action as a component of the diagnosis process is indicated by 11.3% of teachers without additional qualifications and 7% of teachers with them. Among teachers without additional qualifications, 12.9% and 9.3% of teachers in the second group indicate noticing relationships among data as a component of the diagnostic process. 33.9% teachers with no additional qualifications and 39.5% of those with such qualifications indicate drawing conclusions on the basis of available data as a component of the diagnostic process. Among teachers without additional qualifications, 27.4% indicate perceiving problem situations from different perspectives as a component of the diagnosis process. Such percentage in the second group was 41.9%. In the group of teachers without additional qualifications, 11.3% and 9.3%, respectively, perceive noticing the consequences of their decisions as a component of the diagnostic process. The majority of teachers without additional qualifications (79.0%) and teachers with additional qualifications (88.4%) did not indicate collaboration as an important component of the diagnostic process. A further 8.1% of teachers without additional qualifications and 7.0% of teachers with additional qualifications indicate communication as a component of the diagnostic process.

Then, the influence of the teachers' years of experience on the opinions of teachers in mainstream and inclusive schools on the most important components of the diagnosis process was examined (Table 2).

Table 2. Components of the pedagogical diagnosis process and the experience of the surveyed teachers of mainstream and inclusive schools

Components of the diagnostics process		Up to 10 years		From 11 to 20 years		More than 20 years		Test result
		n	%	n	%	n	%	
Mainstream school								
Knowledge	not indicated	11	23,4	15	31,3%	14	33,3	$\chi^2 = 1,208$ df = 2 p = 0,547
	indicated	36	76,6	33	68,8%	28	66,7	
Practical skills	not indicated	16	34,0	12	25,0%	14	33,3	$\chi^2 = 1,117$ df = 2 p = 0,572
	indicated	31	66,0	36	75,0%	28	66,7	
Dynamism of action	not indicated	37	78,7	37	77,1%	40	95,2	$\chi^2 = 6,317$ df = 2 p = 0,042
	indicated	10	21,3	11	22,9%	2	4,8	
Noticing relationships among data	not indicated	38	80,9	40	83,3%	37	88,1	$\chi^2 = 0,884$ df = 2 p = 0,643
	indicated	9	19,1	8	16,7%	5	11,9	
Drawing conclusions based on the available data	not indicated	31	66,0	34	70,8%	26	61,9	$\chi^2 = 0,808$ df = 2 p = 0,668
	indicated	16	34,0	14	29,2%	16	38,1	
Noticing problem situations from different perspectives	not indicated	30	63,8	33	68,8%	28	66,7	$\chi^2 = 0,259$ df = 2 p = 0,878
	indicated	17	36,2	15	31,3%	14	33,3	
Predicting the results of one's decisions	not indicated	44	93,6	44	91,7%	38	90,5	$\chi^2 = 0,306$ df = 2 p = 0,858
	indicated	3	6,4	4	8,3%	4	9,5	
Cooperation	not indicated	43	91,5	45	93,8%	37	88,1	$\chi^2 = 0,902$ df = 2 p = 0,637
	indicated	4	8,5	3	6,3%	5	11,9	
Communication	not indicated	46	97,9	47	97,9%	37	88,1	$\chi^2 = 5,769$ df = 2 p = 0,056
	indicated	1	2,1	1	2,1%	5	11,9	

Components of the diagnostics process		Up to 10 years		From 11 to 20 years		More than 20 years		Test result
		n	%	n	%	n	%	
Inclusive school								
Knowledge	not indicated	8	28,6	12	40,0%	23	48,9	$\chi^2 = 3,025$ df = 2 p = 0,22
	indicated	20	71,4	18	60,0%	24	51,1	
Practical skills	not indicated	4	14,3	11	36,7%	8	17,0	$\chi^2 = 5,427$ df = 2 p = 0,066
	indicated	24	85,7	19	63,3%	39	83,0	
Dynamism of action	not indicated	27	96,4	27	90,0%	41	87,2	$\chi^2 = 1,733$ df = 2 p = 0,421
	indicated	1	3,6	3	10,0%	6	12,8	
Noticing relationships among data	not indicated	26	92,9	26	86,7%	41	87,2	$\chi^2 = 0,699$ df = 2 p = 0,705
	indicated	2	7,1	4	13,3%	6	12,8	
Drawing conclusions based on the available data	not indicated	16	57,1	21	70,0%	30	63,8	$\chi^2 = 1,037$ df = 2 p = 0,595
	indicated	12	42,9	9	30,0%	17	36,2	
Noticing problem situations from different perspectives	not indicated	21	75,0	23	76,7%	26	55,3	$\chi^2 = 4,948$ df = 2 p = 0,084
	indicated	7	25,0	7	23,3%	21	44,7	
Predicting the results of one's decisions	not indicated	26	92,9	26	86,7%	42	89,4	$\chi^2 = 0,594$ df = 2 p = 0,743
	indicated	2	7,1	4	13,3%	5	10,6	
Cooperation	not indicated	24	85,7	20	66,7%	43	91,5	$\chi^2 = 8,163$ df = 2 p = 0,017
	indicated	4	14,3	10	33,3%	4	8,5	
Communication	not indicated	26	92,9	27	90,0%	44	93,6	$\chi^2 = 0,353$ df = 2 p = 0,838
	indicated	2	7,1	3	10,0%	3	6,4	

χ^2 – chi-square test statistics; df – degrees of freedom; p – significance

Source: the author's own research.

In the case of mainstream school teachers, a statistically significant relationship was found between the years of experience and the indication of action dynamism as a component of the diagnostic process ($p < 0.05$). Most teachers who have been working for up to 10 years (78.7%) and from 11 to 20 years (77.1%) did not indicate the dynamism of action as the diagnosis process component. This percentage among respondents with more than 20 years of work experience was higher: 95.2%. A further 21.3 % of those in the first group, 22.9 % of survey participants in the second group and 4.8 % of respondents in the third group indicated this component.

Statistically non-significant results ($p > 0.05$) were recorded for the other components. In the group with work experience of up to 10 years, 76.6% of respondents indicate knowledge as a component of the diagnosis process. In the second group, which included respondents with work experience of 11 to 20 years, 68.8% indicate this component. In the third group, which included respondents with work experience of more than 20 years, the percentage was 66.7%. Practical skills as a component of the diagnosis process are indicated successively by 66% of respondents with work experience of up to 10 years, 75% of respondents with work experience of 11 to 20 years and 66.7% of survey participants employed for more than 20 years. In turn, 19.1% of respondents in the group with up to 10 years' work experience, 16.7% of respondents working between 11 and 20 years, and 11.9% of respondents with more than 20 years' experience indicate noticing relationships among data as a component of the diagnosis process. Also, 34% of respondents working up to 10 years indicated drawing conclusions on the basis of available data as a component of the diagnosis process. This percentage was 29.2% in the second group and 38.1% in the third group (working for over 20 years). 36.2% of those working up to 10 years, 31.3% of respondents with 11 to 20 years of work experience, and 33.3% of respondents with more than 20 years of experience indicated seeing problem situations from different perspectives as a component of the diagnosis process. Among those who have been working for up to 10 years, 6.4% of respondents treat predicting the consequences of their decisions as a component of the diagnosis process. These percentages were, respectively, 8.3% in the second group and 9.5% in the group with more than 20 years of work experience. Among respondents with work experience of up to 10 years, 8.5% perceive cooperation as a component of the diagnosis process. These percentages in the other groups were similar at 6.3% in the group of teachers with professional experience of 11 to 20 years, and 11.9% in the group of teachers with more than 20 years of experience. In the groups of respondents with professional experience of up to 10 years or 11 to 20 years, 2.1% indicate communication as a component of the diagnosis process. The percentage in the third group was 11.9%.

In the case of teachers in inclusive schools, there was no correlation between the length of work and the definition of individual components of the diagnostic process

($p < 0.05$). In the group of those with work experience of up to 10 years, 71.4% of respondents indicate knowledge as a component of the diagnosis process. In the second group, 60% of respondents with work experience between 11 and 20 years indicated this component. In the third group – respondents with work experience of more than 20 years – the percentage was 48.9%. Practical skills as a component of the diagnostic process are indicated successively by 85.7% of respondents with work experience of up to 10 years, 63.3% of respondents with work experience of 11 to 20 years, and 83.0% of survey participants with work experience of more than 20 years. The majority of respondents with up to 10 years of work experience (96.4%) or between 11 and 22 years (90.0%) did not indicate action dynamism as a component of the diagnosis process. The percentage among respondents with more than 20 years of work experience was 87.2%. 7.1% of respondents in the group with up to 10 years' work experience, 13.3% of respondents working between 11 and 20 years, and 12.8% of respondents with more than 20 years' experience indicated seeing data relationships as a component of the diagnosis process. More than a half of the respondents working up to 10 years (57.1%) did not indicate drawing conclusions on the basis of available data as a component of the diagnosis process. This percentage was 70% in the second group and 63.8% in the third group. This component is indicated by 42.9% of respondents with work experience of up to 10 years, 30% of survey participants employed in the profession for 11 to 20 years and 36.2% of respondents performing their professional duties for more than 20 years. Also, 25% of those working up to 10 years, 23.3% of respondents with 11 to 20 years of work experience, and 44.7% of respondents with more than 20 years of work experience indicate seeing problem situations from different perspectives as a component of the diagnosis process. Among those with up to 10 years of professional experience, 7.1% of respondents perceive predicting the consequences of their decisions as a component of the diagnosis process. This component was not indicated at all by 92.9% of the surveyed teachers. These percentages were, respectively, 13.3% and 86.7% in the second group, and 10.6% and 89.4% in the third group. Among respondents performing their professional duties for up to 10 years, 14.3% perceive cooperation as a component of the diagnosis process. This component was not indicated by 85.7% of people from this group. These percentages differed in the other groups (33.3% and 66.7% in the second group; 8.5% and 91.5% in the third group). The vast majority of the surveyed teachers with work experience of up to 10 years (92.9%) or between 11 and 20 years (90.0%), or more than 20 years (93.6%) did not indicate communication as a component of the diagnosis process. Communication was, however, indicated by 7.1% people from the first group, 10% people from the second group and 6.4% respondents from the third group.

Conclusions

On the basis of the research carried out, conclusions were drawn which, due to the size of the group, are not subject to generalisation:

1. In the case of teachers in mainstream schools, possession of additional qualifications influenced the indications of knowledge as a component of the diagnostic process and communication in a statistically significant way ($p < 0.05$). The results for the other components did not depend on having additional qualifications. In the case of teachers in inclusive schools, there was no statistically significant relationship between having additional qualifications and indications of the components of the diagnostic process ($p > 0.05$).
2. In the case of teachers in mainstream schools, a statistically significant relationship was found between the years of work experience and indicating action dynamism as a component of the diagnostic process ($p < 0.05$). Teachers with experience of up to 10 years (21.37%) and between 11 and 20 years (22.9%) indicated action dynamism as an important component of the pedagogical diagnosis process. The percentage among respondents with more than 20 years of professional experience was 4.8%. With regard to the other components in the group of mainstream school teachers, there was no statistically significant relationship with the length of work. In the case of teachers in inclusive schools, there was no relationship between the years of experience and the indications of the particular components of the diagnostic process.

Discussion of the results

It is presumed that the changes in teachers' perceptions of the diagnosis process can be attributed to the systemic reforms that took place in education after 2010 and were related, among other things, to the implementation of solutions concerning education and psychological and pedagogical assistance the priority of which was to support students with special educational needs, which may have contributed to a change in the perception of the diagnosis process. Thus, in the case of teachers in mainstream schools, having additional qualifications was statistically significantly decisive in indicating knowledge as an important component of the diagnostic process, while teachers without additional qualifications mainly paid attention to communication as a component of diagnosis. In the group of teachers in inclusive schools, there was no statistically significant relationship between having additional qualifications and noticing components of the diagnostic process. In the case of mainstream school teachers, a statistically significant relationship was found between the length of work

of more than 20 years and the identification of action dynamism as a component of the diagnosis process. In the case of teachers in inclusive schools, there was no relationship between the length of service and particular components of the diagnostic process.

Confirmation of the importance of qualifications and experience in the area of diagnosis can be found in the research of J. Nowak (2009) who presented the results of comparative assessments of the competence areas of teachers and future teachers (students) of kindergarten and elementary education. More than a half of the in-service teachers surveyed considered the ability to adapt their own activities to the results of the diagnosis and the students' abilities to be the most important competence in their professional work. In contrast, only one third of the students considered this skill to be important in their future professional work. The results of the study draw attention to the large differences in the assessment of the importance of diagnosis in the teaching process by in-service teachers and students, which may be due to the fact that teachers have to solve real problems related to the education of children of younger school age every day, while students perceive the problem of diagnosis so far only from the perspective of academic experience.

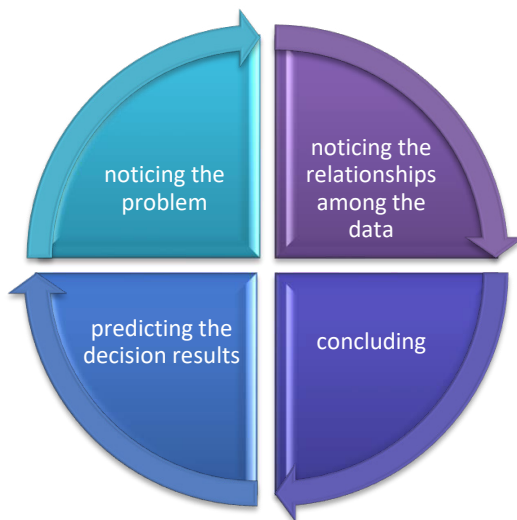
In turn, the research conducted by Ewa Bartuś (2011) shows that the high self-assessment of the diagnostic competence of surveyed teachers in mainstream schools is closely linked to participation in various forms of education and in-service training in special pedagogy and methodology of working with students with disabilities. The majority of respondents (70%) in interviews emphasise that they do not feel prepared to work with students with disabilities because they do not have documents confirming their formal preparation in this area.

A statistically significant relationship was also found between self-assessment of diagnostic competence and teachers' readiness to work with a child with a disability: the higher the competence assessment, the higher the self-assessment of readiness to work with a student with a disability.

The presented results of our own research show the perception of the process of pedagogical diagnosis by the surveyed teachers (of both groups) from the perspective of its selected components. Thus, it seems significant that the surveyed teachers pointed to the multi-context perception of student problems as an important component of the diagnostic process, especially as it gives rise to diagnostic exploration. Further components identified were perceiving the interrelationships between data obtained in the diagnosis process and making inferences based on the results of the diagnosis. Here, it is important to emphasise the relationships among data noted by the surveyed teachers, especially because the holistic diagnosis consists of the results of individual diagnoses (e.g. psychological, pedagogical, speech therapy diagnoses) and drawing conclusions – an element that, in a way, closes the diagnosis process and, at the same

time, sets the direction for further work with the student. Thus, a certain regularity emerges here: diagnosis does not end with making a diagnosis, but is the beginning of support activities, “becoming an important element in designing therapy” (Paluchowski, 2012, p.131), which is why it can be concluded that the surveyed teachers of mainstream and inclusive schools perceive diagnosis as a certain structure (diagram 1).

Diagram 1. Structure of the diagnosis process in the opinions of analysed teachers



Source: the author's own work.

It should be noted here, however, that particular components, despite their importance in the assessment of the surveyed teachers of mainstream and inclusive schools, are, to a large extent, inferior to diagnostic knowledge and skills, as they are fundamental to the process of getting to know the student, determining his or her individual cognitive abilities, and are a component of professional diagnostic competence.

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