

PSYCHOLOGICAL-PEDAGOGICAL DIAGNOSTICS IN INCLUSIVE EDUCATION: CONTENT, TASKS, AND FUNCTIONAL INDICATOR

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Abstract

The modernization of the global educational paradigm necessitates a transition from exclusionary practices to inclusive environments. Psychological-pedagogical diagnostics serve as the cornerstone of this transition, providing the empirical basis for tailoring education to diverse learner needs. This article provides a comprehensive analysis of the diagnostic process within inclusive settings. It explores the shift from deficit-based assessments to resource-oriented evaluations, delineates the core tasks of multi-disciplinary teams, and identifies functional indicators for measuring social and academic integration. By leveraging frameworks from UNESCO and UNICEF, the study emphasizes the role of continuous monitoring in ensuring educational equity.

Keywords: *Inclusive Education, Psychological-Pedagogical Diagnostics, Special Educational Needs (SEN), Functional Indicators, Individual Education Route (IER), Universal Design for Learning (UDL).*

1. Introduction

Inclusive education is no longer a peripheral pedagogical experiment; it is a fundamental human right recognized by the UN Convention on the Rights of Persons with Disabilities. The primary challenge in implementing inclusion is not the physical presence of children with disabilities in classrooms, but the quality of the psychological and pedagogical support provided to them.

Traditional diagnostics often focused on the "medical model," identifying what a child *cannot* do. In contrast, diagnostics in inclusive education adopt a "social-constructivist model," focusing on identifying environmental barriers and the student's potential. This shift requires a robust diagnostic framework that combines clinical observation, psychological testing, and pedagogical assessment to create an accessible learning environment for all.

2. The Content of Psychological-Pedagogical Diagnostics

The content of diagnostics in an inclusive setting is inherently holistic, moving beyond IQ scores to encompass the whole child. According to UNESCO's Guidelines for Inclusion, the diagnostic process must cover the following domains:

- **Cognitive and Neuro-psychological Status:** This involves assessing memory, attention, perception, and executive functions. Instead of static testing, "dynamic assessment" (based on Vygotsky's Zone of Proximal Development) is utilized to see how a child learns with minimal guidance.
- **Emotional-Volitional Sphere:** Diagnostics must identify the student's motivation, self-esteem, and level of anxiety. Many students with Special Educational Needs (SEN) face

"secondary disabilities" such as social withdrawal or school phobia, which diagnostics must pinpoint.

- **Communication and Social Interaction:** Assessing how a student interacts with peers and teachers. This includes verbal and non-verbal communication skills, which are crucial for students on the autism spectrum or those with speech impairments.
- **Assessment of the Educational Environment:** A unique aspect of inclusive diagnostics is evaluating the school itself. Does the curriculum allow for Universal Design for Learning (UDL)? Are there physical or attitudinal barriers preventing the child's participation?

3. Primary Tasks of the Diagnostic Process

The implementation of diagnostics in inclusive schools serves several strategic tasks:

1. **Early Detection and Prevention:** The UNICEF Early Childhood Development framework emphasizes that the earlier a developmental risk is identified, the more effective the intervention. Diagnostics aim to catch learning disabilities before they lead to academic failure.
2. **Structuring the Individual Education Route (IER):** Diagnostics provide the data needed to modify the general curriculum. This includes determining the need for assistive technologies, adjusted grading scales, or the assistance of a shadow teacher (tutor).
3. **Corrective and Developmental Planning:** Based on diagnostic results, psychologists and special educators design specific exercises to compensate for impaired functions (e.g., fine motor skills or phonological awareness).
4. **Family Counseling and Support:** Diagnostics help parents understand their child's unique learning profile, reducing parental stress and fostering a supportive home-learning environment.

4. Functional Indicators of Effective Inclusion

To measure the success of the diagnostic and inclusive process, we must look at functional indicators. These are categorized based on the OECD's Indicators for Inclusive Education:

- **Participation Indicators:** The frequency and quality of the student's involvement in classroom activities. It is not enough to be present; the student must be an active participant.
- **Adaptability Indicators:** How quickly the pedagogical methods are adjusted based on the diagnostic feedback. High adaptability indicates a "fluid" school system.
- **Social Integration Indicators:** The level of peer acceptance and the absence of bullying. Successful diagnostics identify social friction points early.
- **Academic Progress Indicators:** While SEN students may not always meet standard benchmarks, their progress relative to their own baseline (measured through Individualized Education Programs - IEPs) is a critical indicator.

5. Methodology and Multi-disciplinary Cooperation

Effective diagnostics require a "Team-Based Approach." This team usually includes:

- **The School Psychologist:** Focuses on emotional health and cognitive potential.
- **The Special Educator (Defectologist):** Focuses on academic gaps and specialized teaching methods.

- **The Medical Professional:** Provides insight into the physiological basis of the student's needs.
- **The Classroom Teacher:** Offers "ecological" data based on daily classroom observations. Methods used include standardized tests (e.g., WISC-V), non-standardized observations, sociometry, and portfolio analysis.

6. Conclusion

Psychological-pedagogical diagnostics in inclusive education is not a one-time event but a continuous cycle of observation, assessment, and adjustment. By focusing on the functional indicators of success and the specific tasks of early intervention, educational systems can move toward true equity. As stated in the World Bank's report on Inclusive Education, the goal is to transform the system to fit the child, and diagnostics are the primary tool for this transformation.

Adabiyotlar, References, Литературы:

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