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IN-HOUSE TRAINING OF TEACHERS FOR JOINT PEDAGOGICAL DIAGNOSTICS OF STUDENT SELF-DETERMINATION

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ВНУТРИФИРМЕННАЯ ПОДГОТОВКА ПЕДАГОГОВ К СОВМЕСТНОЙ ПЕДАГОГИЧЕСКОЙ ДИАГНОСТИКЕ САМООПРЕДЕЛЕНИЯ УЧЕНИКА

Abstract. Student self-determination is the goal of modern education. In modern science, it is believed that only on the basis of personal and social self-determination can subject-specific and professional self-determination be formed. Therefore, the main task of modern schools' teaching staff is to support student self-determination, starting with the timely identification of existing problems. The main tool for studying the current state of student self-determination is pedagogical diagnostics. The study describes the current situation, where there is a tendency for modern schools' teaching staff to lack collaboration in diagnostic processes. The research problem was to answer the question of how to make the diagnostic work of teachers working with a specific child who has difficulties in self-determination as early and consistent as possible with the rest of the school. The problematic issue of the study was to answer the question of how to make the diagnostic work of teachers working with a specific child who has difficulties in self-determination as early as possible and coordinated with other participants in the educational process. To solve this problem, the concept of joint diagnostic activities by school teachers was proposed. The essence of this concept is to combine the efforts of teachers to collect data on each specific case, which helps to build subsequent corrective joint work with a given student or class. The article provides a description of two leading problems identified in the application of pedagogical diagnostics in the educational process of modern schools, which are metaphorically referred to as the problems of "diagnostic greed" and "diagnostic isolation". The article proposes methods for in-house training of teachers that allow for a comprehensive and prompt response to

Аннотация: Самоопределение ученика является целью современного образования. В современной науке сложилось представление о том, что только на базе сформированного личностного и социального самоопределения складывается самоопределение предметное и профессиональное. Следовательно, основной задачей педагогических коллективов современных школ является поддержка самоопределения ученика, начинающаяся со своевременного выявления имеющихся проблем. Основным инструментом для изучения актуального состояния самоопределения ученика является педагогическая диагностика. В исследовании описана современная ситуация, согласно которой в образовательной практике современных школ зафиксирована тенденция отсутствия взаимодействия между членами коллектива в вопросах диагностики. Проблемным вопросом исследования являлся ответ на вопрос о том, как сделать диагностическую работу педагогов, работающих с конкретным ребенком, имеющим затруднения в самоопределении, как можно более ранней и согласованной с остальными субъектами образовательного процесса. Для решения данной проблемы предложена концепция совместной диагностической деятельности педагогов школ. Сущность данной концепции заключается в объединении усилий педагогов по сбору данных о каждом конкретном случае, что помогает выстроить последующую коррекционную совместную работу с данным учеником или классом. В статье представлено описание двух ведущих проблем, зафиксированных в применении педагогической диагностики в образовательном процессе современных школ, метафорически названных проблемами «диагностической жадности» и «диагностической изолированности». В статье предложены методы внутришкольного обучения педагогов, позволяющие комплексно и оперативно реагировать на изменение условий и повышение квалификации педагогов. В качестве возможных путей решения данной проблемы предложены средства для совмещения усилий педагогов – от

changes in the conditions and qualifications of teachers. As possible ways to solve this problem, the article proposes means for combining the efforts of teachers, from the single inclusion of joint diagnostic activities to the implementation of a special in-school diagnostic center for formative diagnostics, which unites the efforts of all participants in the educational process in the field of pedagogical diagnostics and student support. The article analyzes the main advantages of using joint diagnostic activities for both students and teachers, which have been identified through the work of this center.

Keywords: pedagogical diagnostics; joint pedagogical diagnostics; in-house training of teachers for joint diagnostics; formative diagnostics; pedagogical support; student self-determination; pedagogical reflection; formative diagnostics center.

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единичного включения методик совместной диагностической деятельности до внедрения специального внутришкольного диагностического центра формирующего диагностирования, объединяющего усилия всех субъектов образовательного процесса в сфере педагогической диагностики и поддержки ученика. В статье проанализированы основные преимущества применения совместной диагностической деятельности для ученика и педагога, зафиксированные в результате работы данного центра.

Ключевые слова: педагогическая диагностика; совместная педагогическая диагностика; внутрифирменная подготовка педагогов к совместному диагностированию; формирующее диагностирование; педагогическая поддержка; самоопределение ученика; педагогическая рефлексия; центр формирующего диагностирования.

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Pedagogical diagnostics is primarily the initial, starting element for providing pedagogical support to the students, experiencing certain difficulties. It is vital to clarify that pedagogical diagnostics is also necessary at all subsequent stages, but now in the formative diagnostics mode [10]. Identifying such students in time and revealing the causes of their difficulties in self-determination allow teachers to help them quickly by building a special personalized environment. An “entry point” to the pedagogical support process depends on how deeply and objectively the initial diagnosis was carried out [5]. The main condition for an objective view of the problem is to take into account the opinions of as many subjects of the educational process as possible.

At the same time, the long-term experience of using pedagogical diagnostics in schools indicates that a teacher, as a rule, tries to understand the reason for the difficulties that students have, all by herself/himself, and does not interact much with colleagues in this field. This leads to a lack of objectivity in understanding the causes of students' problems. It is necessary to unite the efforts of all subjects of the educational process to interact both at the diagnostic stage and in the subsequent pedagogical support.

The most suitable way to prepare teachers for joint pedagogical diagnostics is in-house training that helps to quickly respond to problems and changing conditions, to improve the skills of the entire team at once, to spread the valuable experience of particular teachers, and, most importantly, makes it possible to boost teamwork.

The aim of the study is to propose ways of teachers' in-house training for joint pedagogical diagnostics and propose a model for a new organizational structure, expedient for joint diagnostics activities in general education schools.

Pedagogical diagnostics of a student's self-determination is "a teacher's cognitive and transformative activity, which allows them to identify knowledge about various areas of a student's self-determination (personal, social, subject, professional) and use the acquired knowledge to design and adjust the educational process in the space of the classroom, within extracurricular activities, and in school life" [10].

Self-determination in this study is conceptualised in accordance with the approach proposed by V.F. Safin, who defines it as "both a process and an outcome of a child's awareness of the Self, including their abilities, skills, and competencies. This awareness develops through correlating what "is", what one "wants", and what one "can do" with what is required by society. This definition has been selected for the reason that it provides an integrated understanding of self-determination, encompassing components identified by other scholars, such as values-based orientations, interests, and self-esteem, considered in relation to the social demands placed upon the individual at a given stage of societal development. Furthermore, due to its operational clarity this concept is particularly suitable to be applied in educational practice" [11].

Following O.S. Gazman, we regard pedagogical support as "a process of collaborative identification, together with a child, of their interests and the ways of overcoming obstacles that hinder to preserve personal dignity and be independent in achieving desired outcomes across various spheres of activity and life" [7].

To be short, pedagogical interaction is understood in the educational theory as "a specific form of relationship between participants in the educational process. It presupposes the mutual enrichment of their intellectual, emotional, and activity-related domains; coordination and harmonisation of their efforts; and a personal contact between a teacher and their student(s), whether it is intentional or incidental, long-term or short-term, verbal or non-verbal, resulting in reciprocal changes in behaviour, activity, relationships, and attitudes" [15].

According to N.F. Radionova, interaction between teachers and senior students is "a multidimensional phenomenon, involving social, psychological, and pedagogical spheres. In its social aspect, it reflects the processes through which objectively existing relationships of teachers and students, and the environment, and with each other are realised. Psychologically, it involves mutual understanding, empathy, and participation. Pedagogically, it represents intentionally organised and socially valuable processes through which both the participants and the conditions of interaction undergo positive transformation" [17].

Of particular significance for the definition is the emphasis on the supportive and transformative dimensions of interaction.

The research is grounded on the value-oriented interpretation of ‘pedagogical interaction’ developed by scholars of the Herzen State Pedagogical University of Russia, who conceptualise it “as ‘an exchange of values’ among participants in the educational process” [3].

For our research, it is important to focus both on the supportive and transformative characteristics of this concept, as well as to consider that “pedagogical interaction involves an exchange of attitudes, emotional states, values and meanings among its participants” [12].

Understanding the diagnostics not only as an individual teacher’s task but also as a responsibility of the entire teaching staff is traditional in both Russian and international pedagogy. For example, K. Ingenkamp proposed viewing pedagogical diagnostics as “a process during which (with or without the use of diagnostic tools), while adhering to the necessary scientific quality criteria, a teacher observes students, conducts surveys, processes the data obtained from observations and questionnaires, and *reports the results...*” [14]. V.S. Avanesov also noted that “pedagogical diagnostics is a system of specific activities carried out by teachers and *teaching staff* aimed at identifying relevant personality traits in order to measure the results of upbringing, education, and training” [1]. It is likewise customary to describe the informational function of pedagogical diagnostics as ensuring either *transponding information* obtained throughout diagnostics to participants of the educational process or, conversely, preserving pedagogical confidentiality [4].

It should be noted that there is no single, generally accepted term in the academic literature to describe this type of diagnostic activity. Existing interpretations – such as collective, collaborative, or multifaceted diagnostic activities – do not fully reflect its essential characteristics. In our view, the most precise framework for describing this type of activity is the concept of joint diagnostic activity (JDA) developed by F. Fischer [6] and A. Radkowsch [18]. According to this concept, joint diagnostic activity plays an important role in various fields of life, as specialists engaged in diagnostics frequently work in teams (for example, in medical consultations, classrooms, research laboratories, therapeutic monitoring, or industrial engineering). For example, to assess a student’s academic performance or to accurately diagnose a patient’s health condition, teachers or physicians, respectively, must be able to generate, request, and share data, as well as jointly formulate hypotheses and draw conclusions (which constitutes a so-called *joint diagnostic activity* (JDA)).

A model of collaborative diagnostic thinking proposed by A. Radkowsch and colleagues [19] describe the diagnostic thinking processes of two diagnosticians with different levels of expertise. The model integrates individual and joint activity and includes such processes as identification, exchange, discussion, and coordination of evidence and hypotheses. The quality of these processes (CDAs) is assumed to be crucial for successful collaboration. Within this framework, the first stage of pedagogical support is particularly significant, as it involves a joint diagnostic activity focused on data collection. This stage makes it possible to form an initial,

adequate understanding of the diagnostic case, which subsequently structures further collaborative work and plays a decisive role in making an accurate diagnosis. The information obtained can be used to provide process-based adaptive feedback in order to determine whether educators are following an appropriate diagnostic pathway. Furthermore, early diagnosis may help specialists improve individual work with a student and get prepared for effective teacher collaboration.

Over the course of 15 years of experimental activity, while analysing observations of school teachers, we encountered an unexpected problem. On the one hand, teachers are often unwilling to take into account the perspectives of other subjects of the educational process when forming their understanding of a student. On the other hand, after obtaining knowledge about a student through pedagogical diagnostics, teachers frequently prove reluctant to share this information with other participants in the educational process.

We analyse these two interrelated problems, which we provisionally define as “*I will not share it with anyone*” and “*I can manage on my own*”.

The problem of so-called “diagnostic greediness”, as we term it “*I will not share it with anyone*”, has a clear explanation. Teachers firmly advocate the non-disclosure of diagnostic results, arguing that a child shares personal information specifically with them and that, as significant adults, they should not pass this information on to their colleagues. While this position is partially justified in cases requiring the preservation of pedagogical confidentiality, it is unjustified when sharing such information could provide meaningful assistance to a particular child.

To address this issue, it is important for teachers to understand *the principle of the positive use of pedagogical diagnostics*, according to which positive information aimed at supporting the child and reinforcing belief in their potential should necessarily be shared with colleagues. This refers to *the principle of positive orientation* in a child’s behaviour and character, formulated by A.S. Makarenko in his work with children exhibiting deviant behaviour [16].

The essence of the principle is that the teacher should see the best in every child. According to Makarenko, this gradually fosters positive qualities in the child, enabling them to view their own behaviour from a different perspective. Makarenko’s system also included the principle of a *burnt biography* for students of the penal colony: the dark past was completely ignored and never discussed by either the teachers or the adolescents themselves. The past was ritually burned along with the clothes the newcomer arrived in. This symbolized the transition to a new life, granting a chance to become a completely different person.

Here are statements of the form teacher S.E. Ustinova, who was explaining to young specialists how positive information about a child, obtained through diagnostics, works: “When the knowledge about a child is gained, it takes up residence within us and starts to live its own life. I do not know how it happens, but once we learn something about a child, we can no longer ignore that knowledge. I have a student named Egor D., who is an underachiever and a troublemaker that sits at the very back of the classroom and does nothing. But then I find out that he takes care of his

little sister and brings home all the sick animals from the yard. Somehow, this knowledge changes my attitude towards Egor. I cannot even explain how or in what way – it happens on some intuitive level. Then, a week later, Egor stays after class to help me set up chairs. And two weeks after that, he volunteers to prepare a report for the first time...” This statement can be translated into academic language and explained by the fact that the teacher's understanding of the child's background changed, which in turn led to a shift in their pedagogical approach [9].

The decision about who and when should receive negative information must be made more deliberately in compliance with all rules of pedagogical ethics.

In addition to the reluctance to share information, we have identified a second problem – diagnostic isolation. This is associated with an unwillingness to consider the opinions of other subjects of the educational process, a situation we metaphorically term “*I'll manage on my own*”. Experience in applying pedagogical diagnostics that involves a collective analysis of opinions is extremely rare. The most well-known example is the practice of pedagogical consultations, as proposed by Yu.K. Babansky [2]. This approach to collectively searching for the causes of a student's difficulties is highly productive, but it involves a separate work of team members, who then bring their findings to a general consultation for decision-making. This experience can be considered a form of collaborative diagnostics. However, it is important to note that it becomes collective only at the final stage – the decision-making one. At this point, a general consensus emerges through the hearing of different opinions and the interpretation of the results obtained with various diagnostic tools. In other words, this is a diagnostics aimed at the final reconciliation of separate opinions.

Therefore, the problematic issue of our research was the following question: “How can we make the diagnostic work of teachers, dealing with a specific child facing difficulties in self-determination, as oriented as possible towards coordinating opinions with other subjects of the educational process, and not just at the decision-making stage, but as early as possible?”

The search for answers to this query led to realizing a peculiar social demand: first, to develop methods of pedagogical diagnostics that are collaborative in nature and involve all subjects of the educational process in the early stages of problem detection, and subsequently, to create a new organizational form aimed at joint diagnostic activity.

A retrospective analysis of the collaborative diagnostic experience carried out by the team of researchers from the Herzen State Pedagogical University, teachers from school No. 197 in St. Petersburg allowed us to trace the dynamics of developing, and applying joint pedagogical diagnostics in schools, as well as methods of in-house teacher training based on the analysis of each stage.

Four conventional stages were identified:

Stage 1. The stage of developing the first diagnostic methods for final coordination of opinions. The first step in applying collective pedagogical diagnostics was the experience of using methods from the arsenal of critical thinking development techniques. An example is the Six Thinking Hats method. To discuss the problems of a specific child, each teacher working with that

student was assigned a specific role, based on which they characterized the student. The advantage of this method is its qualitative, reflective nature, as the teacher was placed in a position requiring internalized reflection, compelling them to look at the child through different eyes. This kind of reflection allows changing the opinions of those teachers who had a negative attitude towards the child, as they were specifically assigned roles aimed at finding the student's positive characteristics. This is an example of a so-called *formative method of pedagogical diagnostics*. A drawback of such methods is their playful nature, which is not always perceived as serious by teachers and may not always become an effective tool. The labor-intensive preparation required for implementing such methods should also be noted.

The results of the experience revealed the necessity to deeper develop skills for joint activity. As the most appropriate way of in-house training we chose the techniques of reflective workshops to teach educators pedagogical reflection skills and practical training to develop emotional intelligence. Teachers were also involved in joint project activities with the status of a regional innovation platform, dedicated to pedagogical diagnostics and support, which made it possible to create a team of teachers with primary experience in coordinated interaction.

Stage 2. The stage of developing methods for joint pedagogical diagnostics of a student's school subject self-determination. The task was to expand the number of subjects included in the analysis of a student's difficulties and to involve the student himself/herself in the diagnostic process. It was necessary to develop methods for the diagnostics of school subject self-determination. This is how the techniques of this type appeared. As an example we can point out the Reflexive Pyramid technique, presented on the Diagnostic School website [8]. To coordinate their ideas about the state of the student's school subject self-determination, the student, his/her parent and the teacher choose a colour that characterizes the child's attitude to school subjects. The subsequent correlation in opinions of all subjects of the educational process on the student's school subject self-determination allowed them to timely identify difficulties in the subject area and decide on the choice of a training profile. The techniques have taken root in the system of comprehensive school monitoring. The successful experience of implementing this technique made us think it is vital to develop such joint diagnostic methods for all areas of student self-determination.

The experience of introducing the first techniques of joint diagnostics brought the first positive results and showed the necessity to expand the range of participants. The task was to act through the "infection method". Mentors were selected for young teachers who taught younger colleagues their experience in master classes and workshops. The expanded team of teachers began to carry out the collective research in the mode of a regional innovation platform. There was organized networking with particular innovative schools that deal with the problems of pedagogical diagnostics and student support. There was an exchange of experience in the mode of joint seminars and conferences. The lack of teachers' information competence was also revealed, and the teachers were trained to use up-to-date collaborative information tools and technologies.

Stage 3. The stage of developing comprehensive collaborative techniques for pedagogical diagnostics.

A need emerged to develop collaborative techniques for pedagogical diagnostics capable of addressing all dimensions of students' self-determination while incorporating the perspectives of all educators working with these students. Consequently, comprehensive collaborative techniques for pedagogical diagnostics were developed. An illustrative example is the Child Who method [13]. This method presents metaphorical and intuition-based descriptions of students, including those encountering various learning and developmental challenges. It was successfully integrated into the educational process and was well received by the teaching staff. The implementation experience significantly reinforced educators' understanding of the necessity of collaborative diagnostics and underscored the need to broaden the range of participants involved and to disseminate the accumulated experience derived from collaborative efforts.

At this stage, diagnostic sessions were designated as the cornerstone techniques for in-house professional development, wherein each educator conducted a reflective self-analysis of their experience in implementing collaborative pedagogical diagnostics and received constructive, peer-mediated feedback. Concurrently, a professional online community was established to serve as a dynamic platform for educators to exchange practical insights, curate and share digital resources, and engage in critical analysis of best practices.

Stage 4. The stage of transition from the "island" application of particular techniques to systemic collaborative practice. This stage is characterized by the decision regarding the necessity of systemic collaborative diagnostic work, "as a result of which the In-School Center for Formative Diagnostics – 'School for Supporting Self-Determination' – was established in the capacity of a Federal Innovation Platform (FIP), uniting the school's educators to address challenges pertaining to students' self-determination. Furthermore, that organizational structure made it possible to individualize the support for underperforming students, to coordinate efforts for enhancing students' motivation, to assist learners in making a well-founded choice of academic specialization, and to support educational activity toward fostering students' capacity for self-determination" [13].

Over the past two years, the Center has accumulated experience that demonstrates significant achievements in the implementation of joint diagnostics activity in the field of pedagogical diagnostics and student support within the school.

Currently, the primary methods of in-house professional development include preparing teachers for participation in national and international academic conferences and forums, as well as facilitating the publication of scholarly articles and didactic materials.

The implementation of joint diagnostics activity has revealed clear advantages for both students and teachers.

In-house training of contemporary educators requires a comprehensive approach that integrates theoretical instruction, practical training, and the continuous development of

professional competencies. In this context, innovative activity represents a significant resource for strengthening in-house training.

For students, participation in joint diagnostics activity supported their self-determination. This was reflected in reduction in the number of students expelled from school, fewer changes in academic profile, improved academic performance, increasing success in academic competitions and Olympiads, greater involvement in project-based and individual research activities, and higher participation in extracurricular activities and school-wide events.

For teachers, joint diagnostics activity contributed to the development of social skills. Increased teamwork fostered communication skills and strengthened the ability to listen to and respect colleagues' perspectives. Enhanced understanding of students' problems and the causes of their difficulties was noted. According to teachers, professional discussions with colleagues have enabled more meaningful engagement with student challenges. The school administration has noted an increase in teachers' motivation to engage in pedagogical assessment and support. This is due to the fact that joint activity creates a supportive atmosphere that encourages long-term professional engagement. The research advisor also notes the development of teachers' critical thinking. As teachers encounter diverse opinions, this fosters the development of their analytical skills and their ability to view children's problems from different perspectives.

Joint pedagogical diagnostics has demonstrated clear advantages that should be transposed to the teaching staff in order to ensure a clear understanding of this form of pedagogical diagnostics and to organize pedagogical support effectively. The implementation of in-house professional development aimed at strengthening joint diagnostics activity contributes to the gradual transformation of the school environment, its traditions, and the value-based school culture.

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