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Diagnosis as the Foundation of Early Pedagogical Help for Children in Kindergarten

Abstract: This publication is devoted to the issue of pre-diagnosis and its role in the early detection of problems / delays / disharmony or developmental disorders in children at this age. Preschool diagnosis, supported by observation, is often the first study on the basis of which the regularity or irregularity of a child's development can be stated. It is the duty of teachers in relation to the results of this diagnosis to take action to support the development of a child diagnosed with problems / delays / disharmony and disorder in order to reduce them. Early diagnosis and, consequently, early action enable one to avoid deepening the problems / disorders / disharmony or delays, and allow the child to function in the family and society.

Keywords: disturbance, difficulty, diagnosis, development support, quasi-experiment.

Introduction

In pedagogy, diagnosis is seen as the basis of all pedagogical activities and the condition of rational actions. It is used in direct educational, corrective, compensatory, therapeutic, preventive and resocialisation activities, but also in pedagogical counseling, expert advice and in organizing animation activities. In practice, pedagogy is largely the basis for decisions about the direction, the conditions and measurement of activity on

people, phenomena and processes (Jarosz, 2006: 11). According to Ewa Górniewicz (2000: 83) pedagogical diagnosis covering the area of education is a recognition of multifrequency and usually involves determining the symptoms of problems, determining the level of represented skills, establishing the area of school failures and the functioning of the school environment (here pre-school) and developing optimisation advice.

The diagnosis is the basis for the planning of care and assistance and planning support interactions. It is an essential link in this system, as it is used to identify difficulties and its results allow one to provide early intervention (e.g. E. Gruszczyk-Kolczyńska 2009, 2011, 2014; S. A. Włoch 2009; A. I. Brzezinska 2005, 2009; B. Cytowska 2006; B. Skałbania 2009, 2011). According to Joanna Kruk-Lasocka (2011: 170), more and more children indicate abnormal/developmental delays, such as hyperkinetic disorder, clumsiness, delayed speech development, sensory integration dysfunction and the risk of social maladjustment. Most children who attend pre-school need a diagnosis in order to identify their needs, identify possible difficulties and the action necessary to support their development. Hence, pre-school teachers are obliged to diagnose children as early as possible to identify any abnormalities or difficulties in their development. Actions taken on the basis of these findings provide optimal support for the development and also take into account capabilities, needs and interests.

The problem of diagnosis in light of the analysis of literature

The term *diagnosis* is derived from Greek and means distinction, judgment, identification. Originally it was associated with the medical sciences and identified with a pathological state of the organism. With time it has come to be a general term for the state of health of the person (Jarosz, 2006: 17). Mostly, however, it means the recognition of objects, people, situations, events or phenomena in order to provide the most accurate information and prepare actions to bring about improvement. Thus, in a general sense, one can call diagnosis the identification of the state of

things, the development of trends on the basis of symptoms and based on the knowledge of general regularities in the field (Jarosz, 2006: 18).

The complex structure of diagnosis is presented by Stefan Ziemski (1973). According to him, diagnosis is (...) *identification based on observed symptoms and the well-known general truths of the subject by assigning them to type or species, further explanation of the genetic and cellular, determined by its current phase and predicted development.*

According to this definition, a diagnosis which explains a series of problems concerning the state of the subject consists of several partial diagnoses. These include diagnosis identification (*typology, classification*) genetic diagnosis (*causal, reason*), the importance of diagnosis (*teleological*), the diagnosis phase, which indicates the stage of development of the subject to diagnosis and prognostic diagnosis (*developmental*).

Pedagogy emphasizes the need and importance of implementing all of these types of partial diagnoses. Barbara Skąłbania (2011: 21), however, draws attention to the fact that the pedagogical diagnosis does not feature in all these types of partial diagnoses. It stresses that typological, genetic and prognostic diagnosis usually takes place – postulating the nature of help. The need for genetic diagnosis (*in other words: causal*) results from the need to determine the cause of the finding, which allows one to program pedagogical therapy focused on the cause, not the symptoms. Using a comprehensive diagnosis which, apart from saying how and why this happens, allows one to assess the current stage of development of the phenomenon and develop forecasts as to its further development with a proposal for remedial and therapeutic steps.

The concept of diagnosis functioned for many centuries on the basis of that which had developed from medicine. With the passage of time it became popular and was used in many other areas, e.g. social sciences – sociology, psychology, philosophy, pedagogy.

It was introduced to social scientists in 1917 by Mary Ellen (M. Guziuk-Tkacz, 2011: 16–17), author of the fundamental work *Social Diagnosis*, which moved principles of medical – psychiatric and psychological diagnosis (referred to as “the study of the soul”) into social work. Expanded in this way, the scope of the concepts describes the process of identification

of all individual states on the basis of general state of development and bio-mental regularities.

The Polish concept of the idea of pedagogy and the idea of the need for diagnosis was propagated by Janusz Korczak and Helena Radlińska. J. Korczak (Korczak, 1993: 361) outlined that if the pedagogy, medicine model was to effectively operate in reality, and particularly help in solving different educational problems and difficulties appearing in the patient, it needed to develop a pedagogical diagnosis based on the symptoms. He stressed: "As is a fever, a cough, vomiting to the physician, so is a smile, a tear or a blush to the pedagogue. There are no irrelevant symptoms. You need to record and reflect on everything, reject the random, combine the related, to seek the underlying matter" (Korczak, 1919: 3). He proposed a model pedagogue – intelligent, ambitious with the attitude of a medical researcher – applying scientific ways of knowing a child, of which he considered the most important to be observation. The basic principle in pedagogy for Korczak was the knowledge of the child while at the same time emphasizing the need to recognize the teacher's capabilities.

Basing diagnostic pedagogy on medicine, he recommended: exploring independently and separately every fact during the diagnostic process; educational and social environment of students; both the child and the group of children (in a variety of environments and pedagogical situations); areas of meaning of speech of children, when words and statements have a completely different meaning than in the case of an adult, and a child's creations (Guziuk-Tkacz, 2011: 09).

Referring to Lisowska (2003: 58–59), it should be added that Korczak recommended that the diagnostician connects together two models of diagnosis – the study of general regularities and individual cases, the researches kept distant from each other and to the subject and object of research. It was also suggested using a method of natural experiment and an interview technique and observation, as well as reference to scientific knowledge, but "its findings were to be verified by experience."

The theory of clinical diagnosis – pedagogy of J. Korczak is embedded in the mainstream of personalistic pedagogy, which emphasises reciprocal action by the pedagogue and pupil, as actors and partners. A person-

alistic look at the teacher provides many opportunities for interaction on the patient, not limiting them to commonly known and used techniques and pedagogical methods. Personal characteristics and skills determine the choice of pupil path, which takes into account the subjectivity of the patient, not treating it instrumentally or directly (Śliwerski, 2005: 87–88). Thus, according to J. Korczak the diagnostic procedures should include two stages – the first relies on knowledge and understanding of the child; the second – associated with self-diagnosis of the investigator – know yourself before you want to know the children (Korczak, 1957: 126).

On the other hand, H. Radlińska (Jarosz, 2006: 126) formulated the idea of pedagogical diagnosis denoting the study of the social environment, suspecting the causes of problems and failures. She underlined the important role of genetic diagnosis, the purpose of which was to explain the causes of phenomena and their conditions, especially environmental. Diagnostic significance was chosen to explain the symptoms and characteristics of the whole of the studied phenomenon. An enriched concept of measuring the environment of concepts was introduced: medium (which attributed the highest diagnostic value), standards (to determine the conditions for the proper development of the individual), pattern – as the general standards, index, and in particular the overall rate environment, meaning symptom, a symptom of the problem being studied and meter which considered numerical strength indicator (Guziuk-Tkacz, 2011: 111). Also, enriched diagnostic tests with a clear directive were implemented – research questions to which answers must be sought as a result of the diagnostic tests. E. Mazurkiewicz (1983: 115–116), in line with the idea of diagnosis by Radlińska, asks the following questions: Identify what you need to do. What should I do? What is possible to do? What forces are human? What other resources might be available? H. Radlińska has focused in this way on the social diagnosis to prevention, compensation and on support for individual and social group.

The multi-faceted process of diagnosis plays a special role in pedagogical diagnosis, which is the basis for planning the forms of corrective – compensatory work as well as programming the therapy process. Its focus are the failures and difficulties and development of the child. The aim is to

describe, to explain and to predict the course of events and manage them. It also aims to define the scope and possibilities of pedagogical activities – pedagogical, compensatory, corrective and / or preventive in relation to pupils. It is also plans interventions that will enable your child to see not through the prism of its deficit, but its opportunities.

Stanisława Włoch and Agnieszka Włoch (2009: 114) state that the pedagogical diagnosis is based on recognizing ability, deviations from development, the pace and rhythm of the child and determining the difficulties and consequences of developmental abnormalities in terms of the efficiency of manual, visual and auditory perception and mental functions. They point out that the diagnosis should pay attention to the dynamics of development, which can be varied in different periods of life. This diversity may result from acceleration or inhibition, or even withdrawal due to various factors – biological, environmental, or lack of stimulation. Therefore, pedagogical diagnosis determines the state of development of the child's skills and qualities of behavior.

The essence of diagnosis in pedagogy can therefore be recognized as "a description of the results of the examination referred to as a snapshot of pedagogical reality made on the basis of data collected and evaluated from various sources, which includes a complex description of the current state, explains its origins or reasons, explains its meaning and determines the stage of its development as well as an assessment of opportunities to change things or to maintain a desired direction pedagogically" (Jarosz, 2006: 23).

Pedagogical diagnosis is part of an overall procedure which includes the past, or the aforementioned genetic diagnosis, present – and the future of the diagnosis phase, which involves the predictive diagnosis, and development. Focus only on the current state (as it is now) does not bring a solution and does not allow for the design of assistance, because it brings only a fragmentary assessment of events and facts resulting from specific circumstances and relationships (symptomatic diagnosis). In pedagogical work an important role, therefore, is played by diagnosis: developmental and causal, indicating the source of problems and disturbances and trends (Skalbania, 2011: 26).

It can therefore be concluded that the task of pedagogical diagnosis is to reach the right solution to a given problem associated with the processes of upbringing, education, social support, assistance and care by detecting its causes and defining the scope, dynamics and development forecasts.

Close to the concept of “diagnosis” is the term *diagnostics*. The dictionary defines this as the area of medicine dealing with the diagnosis of diseases on the basis of interviews, medical examination, analysis of symptoms and laboratory tests. For the purposes of the social sciences it has been implemented as a synonym for the theory or even the science of professionally conducted diagnosis. In this perspective, professionally guided diagnosis is treated as collection, aggregation and modelling of information about its subject and object. It is an essential base for the evaluation of the proper functioning of individuals or groups at different stages of their lives – in a variety of psychosocial situations (Guziuk-Tkacz, 2011: 17).

Diagnostics covers preliminaries and monitoring. Initial diagnosis is aimed at gaining a broader knowledge about the child, taking into account the psycho-physical capabilities and individual needs and pedagogical development. Monitoring is in turn a series of steps aimed to assess the effectiveness of measures taken and aimed at planning further supportive measures. The next step is to determine the causes of developmental disorders – pedagogical, developmental forecasts and identification of special educational needs including adapting the environment to the needs of the child. The accuracy of determining the cause and development will depend on clarification of needs and planning support in the preschool.

Jerzy Apanowicz (2005: 42) understood the concept of diagnostic tests as those which aimed to obtain reliable information, find the true facts and events, fact finding, detecting the actual relationships between phenomena and processes.

B. Skałbania (2011: 23), referring to L. Pytka, states that the structure of the diagnostic process includes three types of diagnostic activities, which are: determining the object of the diagnosis (conceptualisation),

the choice of methods and diagnostic techniques (organising), the application of research methods and techniques (implementation). The diagnosis starts, therefore, with a series of steps: identification of the objective of selecting an appropriate theoretical concept, the choice of technology resulting from the adoption of the concept, the practical application of research techniques and the interpretation of the empirical diagnosis material collected.

It follows that, as confirmed by Władysław J. Paluchowski (2001: 62), diagnostics is a complex problem-solving process, involving the processing of data, not a record of behavior. Knowledge used in the explanation is not only based on perception, but it requires thinking and reasoning. Diagnostics is, therefore, a complex activity, because on the basis of external signs one has to deduce the internal state of the object of study – institutions, a living organism, the state of mental functions, and social adaptability (Jarosz, 2006: 18). The complexity of the diagnostic process is emphasized by Ewa Marynowicz-Hetka (Skałbania, 2011: 17): “diagnostics are complex activities that require a lot of skill and competence, from which one deduces the internal (non-observable directly) state as based on externally observable manifestations (symptoms) – the person and their mental functions, institutions, social or hidden attributes of certain phenomena.”

In conclusion, the entire diagnostic process, based not only on theoretical knowledge and skills of the teachers, but also on practical actions that are taken by them, should lead to knowledge of the child. This knowledge should be comprehensive, because only such knowledge enables one to provide reliable support. Thus, the diagnostic process cannot focus only on the child, but should also lead to the knowledge of the entire life situation of the child's functioning in the family and in the environment. The familial – social context constitutes an important element of the diagnostic process and allows for multilateral understanding of the child. Omission of one of these aspects may result in an incorrect diagnosis of the causes of the diagnosed problems and thus lead to erroneous or incomplete therapeutic process.

Methodological studies

It should be assumed that diagnosis is the result of actions taken in connection with the need to know and understand the person, phenomenon or event. It is made with a specific purpose and it is important to determine who may perform it, using what methods and in what conditions, at what time and in what place. The execution of operations in accordance with the procedure adopted should lead to providing accurate answers to the question formulated and allow the solution to the problem (Czeglik, 2010: 36–37).

The object of the study was diagnosis as a basis for pedagogical help for children in preschool. One of the general objectives included characterization undertaken by teachers in nursery activities, taking into account the results of the diagnosis and attempt to diagnose the effectiveness of these actions in assisting the development of children. The detailed objectives include: determining the kind of difficulties occurring in various spheres of development of the child, determining their causes and determining to what extent the results of the diagnosis are used in the support of activities undertaken.

The study also adopted the hypothesis which assumed that the longer the child attended preschool, the higher the level of socio – emotional, motor and cognitive development, and therefore readiness to take schooling. The dependent variable concerned the length of stay in the preschool and the independent variable level of socio – emotional, motor and cognitive development. Accepted indicators relate the level of socio – emotional development to the level of independence of the child and its functioning in the group; the level of motor development, where physical fitness and manual dexterity were studied; the level of cognitive development, which concerned speech, visual perception, auditory memory and attention span, and mathematical reasoning. Also taken into account was the general knowledge of the child, including the knowledge of address, seasons and days of the week (given in the correct order), atmospheric phenomena characteristic of the seasons, or the conditions in which developing plants and animals were checked.

Comparative studies included selected in-time analysis of factual material in two groups of children aged 5. Children in one group (experimental) attended preschool for the first time and the second had been attending it for at least of 2 years.

One of the methods used for the test was a quasi experiment method. The technique chosen was one group technique and a factor in an experimental supportive-corrective program. Studies conducted in the experimental group included a preliminary diagnosis of preschool, on the basis of the results of the supportive-corrective programme and measuring changes under its influence in such a way as to make it possible to compare the original state with the final state. Comparing the states was intended to serve the final diagnosis. The purpose of the chosen methods and techniques as well as the experimental factor was to prove that properly conducted diagnosis and early supportive actions contribute to reducing the difficulties diagnosed/disharmony, delays or disorders.

Preschool Diagnosis and the Supportive-Corrective Program

To achieve the intended effects of quasi experiment one should emphasize the importance of detailed and correctly carried out initial diagnosis, the role of the implemented program and intensive work by the teacher designed to compensate for disharmony, delays and to support the development of children. The high scores that they achieved compared to the initial diagnosis are also proof that systematic work gives children a chance to the redress of the level of development in different areas and the acquisition and improvement of skills.

The possibility to implement support interactions is also an opportunity to minimize failure in children, working with them on effective ways of coping with difficulties and overcoming them and preventing secondary consequences of the failure to adopt these measures. The negative effects of their omission focus primarily on the emotional sphere of children, leading to an underestimation of self-esteem, capabilities and skills.

The group using quasi experiment consisted of 18 children aged 5, who were attending preschool for the first time. The preschool which they attended was located in a small rural primary school where there were slightly more than 100 students, including the two branches of the preschool. Since they were children attending preschool for the first time, many of them may have acquired the knowledge and skills which they should have attained sooner. The low level of preparedness of children to take up a new role has caused a lot of difficulties and problems. It also contributed to the very low results which they achieved in the initial diagnosis.

These included, among others, the level of self-control; in the experimental group four children were rated B², twelve at C and two children were evaluated at D. The level of manual ability in four children was rated B, ten at C and four, D. The level of motor development was also low – three children reached level B, twelve level C, and three level D. Particularly disturbing was the level of speech development because as many as twelve children pronounced sounds incorrectly – level D, which was reflected in the quality of their speech. Also very low was the level of children's ability to analyze and synthesize auditory cues. Eighteen children were graded D, four did not perform vocal analysis and synthesis – level D, ten did not distinguish phonemes – level D. The other children were rated at level C in these skills. The children achieved a slightly higher performance in visual perception – two at level A, six at level B, seven at level C and three at level D.

The alarmingly low results of the diagnosis resulted in the development and implementation of the supportive-correction programme for

² A – the child individually / carefully / accurately / precisely / efficiently / correctly performs a specific activity indicator, their actions indicate that the tested skill is fully formed; B – the child independently performs a specific activity indicator, committing single / insignificant / minor / small errors; their actions indicate that the skill tested should improve; C – the child tries to perform a task independently or expects support / performs imprecisely / inaccurately / irregularly / makes mistakes, their actions indicate that the tested skill is in the developmental phase and needs to be developed; D – the child does not take specific actions on their own or with the help of the teacher or performs tasks incorrectly, their actions indicate that the tested skill is not yet present.

the whole group, in which the adopted assumptions, including implementation of children's social life by participating in the festivities planned by the preschool, increasing their self-esteem and self-actualization, increasing the pace of work, shaping and developing manual skills, and visual and auditory perception. The program also included exercises to develop thinking, mobility, orientation in space and of the body.

Its purpose was to support the development of children in terms of diagnosed disorders, difficulties and disharmony. The process of support took place during group, team and individual work. In terms of socio – emotional development, in particular, it focused on developing self-service skills, emotional development, implementation of the social life in direct contact with the environment and acquiring and expanding knowledge about the surrounding world. The aim of the programme in this regard was to teach children self-reliance, developing in them a sense of agency, security and accountability. Socialization also focused on motivating them to make independent decisions and actions, enabling them to reassure themselves and raise self-esteem.

In terms of motor development (small motor skills) the focus was on exercise and fitness. The purpose of these exercises was to improve the efficiency of such children to be reasonably well able to deal with activities that require the performance of small, precise hand movements. Exercise of the main motor skills include improving their overall efficiency and motor and audio-visual coordination.

In the field of cognitive development emphasis on the awakening of cognitive curiosity of children, developing an attitude of an active researcher, learning through experience and encouraging activity of their own. Children organized situations that supported positive experiences, provoked into action and naming what they were doing and with what aim, offered an opportunity to determine what came before, what is now and what will be, helped anticipate – cause, develop curiosity and the ability to attentively listening to stories, fairy tales and poems and then to speak about them. Emphasis was placed on the development of thinking, including thinking about cause – effect and mathematical reasoning.

Learning poems by heart was a way to develop memory and attention, as well as shaping the culture of the language of children. "Memorising poems asks children to listen carefully and speak with concern about the clarity and beauty of the spoken word" (Gruszczyk-Kolczyńska&Zielińska, 2014: 149). In terms of supporting the development of speech, vocabulary enrichment and the development of skills of correct speech, reference was made also to the daily reading of fairy tales and stories.

To work with children the following methods were used: *Educational Kinesiology* according to P. Dennison (2000), *Good Start* by Marta Bogdanowicz (2008), *Developmental Movement* by W. Sherborne (2002), *Children Learn Bears Rhymes*, the *Rhythmic Organisation of Time* by E. Gruszczyk-Kolczyńska (1977, 2005), *Methods and Techniques of Activation* (Adamek, 2007), formative assessment, behavioral and socio-therapeutic work. Children used their own materials prepared on the basis of the instructions contained in the cited literature and educational games by publishers *Alexander*, *Adamigo*, *Granna* and *Epideixis*.

In order to correct speech defects, the children attended classes with a speech therapist and children who required it were guaranteed psychological – pedagogical assistance. Two children were referred to specialist clinics. Parents were also informed of the results of observation and diagnosis and the introduction of the programme, and were asked to cooperate, because without their support it would be difficult to achieve some of the goals.

The program was implemented from November 2015 to the end of March 2016, according to the prepared schedule. Classes in maintaining the distribution of time included in the Core Curriculum were carried out three times a week for half an hour. In addition, each day the children participated in games aimed at helping them develop. All classes were conducted in the form of a playgroup that effectively engaged children and aroused their curiosity. Children also had free access to teaching aids and could use them independently in any way modifying the previously known fun or exercise. Children were also involved in numerous competitions, performances and demonstrations. They participated in numerous trips.

The results achieved in the framework of the implemented programme

The pre-diagnosis carried out with the group served early detection of problems / delays / disharmony and disorder. It allowed to capture the disturbing behavior that could be symptomatic of problems / delays / disharmony and disorder. It also allowed one to determine their type in specific areas of mental and physical development and to target assistance.

The results of the final diagnosis, carried out in April after five months of work based on the program, were much higher than those the children reached in the initial diagnosis. Comparing them resulted in the discovery that after the implementation of supporting exercises in the field of self-service and self-reliance, the children began to dress and undress, remember to prepare and organize jobs, started operations and led them to the end, a few learned to tie their shoes. The results of the final diagnosis in this area were nine children at level A, six at level B and three at level C.

In some areas as such as dexterity, they were fully developed or required only some improvement. While two children remained at level D, three children achieved level A and thirteen level B. It was a big achievement, because the results of the initial diagnosis showed that this ability in the children was only in the phase of shaping or even nil. Also in the field of motor development the children made progress. Fourteen achieved level A, two level B, and two level C. Based on the results of the initial diagnosis it was found that their motor development was in the phase of shaping and one had to develop it. Several children did not take action in this area alone nor need the help of a teacher. Regular exercise and access to a gym allowed them to shape their efficiency and agility. In some cases, it required only improvement.

A summary of results of visual and auditory perception also confirmed the effectiveness of the the program of exercises. The results of the final diagnosis justified the expediency of their selection. These skills, which did not occur or were only in the formative phase in the children diagnosed have, as a result of systematic work, been fully formed or

perfected. In individual cases, they were only in the stage of formation and children concerned were diagnosed with developmental disorders. Thus, in terms of visual perception, twelve children achieved level A, four achieved level B and two, level C. In terms of auditory perception eleven children achieved level A, four, level B and three, level C. The children at level C were diagnosed as having developmental disorders.

A comparison of the results in terms of cognitive development has allowed one to establish that the children correctly or with slight errors completed the task on the basis of having heard the text, united cause and effect, read back the information communicated through symbols, justified their choices, they operated with a richer vocabulary, began to build the correct expressions and solved logical tasks. Also, intensive therapy conducted by a speech therapist yielded results. Six children in this area were assessed at level A, seven level B, four at level D and one child, who during the school year was diagnosed with motor aphasia, level D.

The results confirm the need for pre-diagnosis. The time when a child is in preschool is the moment where any irregularities in their development, which bear the hallmarks of disorders and require specialized assistance and therapy, can be spotted. Thanks to it we can help children in their development and enable them to properly start another stage of education.

Results with respect to the hypotheses

The results of the study confirmed the hypothesis that the longer the child attends preschool, the higher the level of socio-emotional, motor and cognitive development, and thus preparedness to take schooling.

The results of the initial diagnosis showed that analysis of the results of the diagnosis of the five year olds who went to preschool for more than a year helped confirm the assumptions of the adopted hypothesis. These children have already achieved high results in the initial diagnosis and

thus showed a higher level of social – emotional, cognitive and motor development, and were better prepared to join the school.

A detailed breakdown of the preliminary diagnosis results for the whole group is presented in Table 1.

Table 1. Average group performance achieved in the initial diagnosis

Preliminary diagnosis	Physical and motor development	Independence	Manual dexterity	Social and emotional development	Knowledge about social and natural environment	Speech	Visual perception	Auditory perception	Intellectual development with mathematical concepts	Understanding symbols
Number of points per child	8 pts.	6 pts.	12 pts.	20 pts.	12 pts.	16 pts.	12 pts.	14 pts.	26 pts.	4 pts.
group average (number of children in the group 20)	7,65 pts.	5,9 pts.	11,75 pts.	18,5 pts.	10,85 pts.	14,65 pts.	11,55 pts.	12,6 pts.	23,95 pts.	3,95 pts.

Source: study based on empirical analysis of the collected material

As can be seen in the table, the group achieved high scores with respect to the scale, in each of the abovementioned skills / spheres. The results of the diagnosis confirm the hypothesis that children who are attending for more than one year (two or three years) are significantly better prepared for school than children attending preschool for one year only. This is because they have more time not only to learn and acquire the aforementioned skills, but also to consolidate and use them in practice. This automatically influences their better preparation for school and better start in it, and then on the results achieved in the later years of learning. As the research by K. Dutkiewicz (Wilgocka-Okoń, 2011: 21) shows, children who have achieved high levels of school readiness have also achieved full or partial school success.

In turn, analysis of the results of diagnosis in 5-year old children in the (*experimental*) group, which went to preschool for the first time, and, as 5-year-olds, were required to undergo one year preschool preparation,

revealed that these children are deprived of a number of skills and their social – emotional, cognitive and motor development is poor. Children in the experimental group, in spite of the visible effects of support and favorable results of the final diagnosis, did not achieve as high results as the children who had been attending the preschool for more than a year, even in the final diagnosis. Thus they did not achieve readiness to take schooling or their willingness was low. At the same time, the results of the research have shown that properly conducted diagnosis and support provided on the basis of the results (creation and implementation of the supportive-correction programme), yielded the desired results and served to reduce observed and diagnosed problems, and improve the acquisition of skills.

Hence the conclusion is that the one year compulsory preschool preparation is too short to prepare children to take compulsory education. Children present low levels of development in these areas, and this in turn translates into a low level of school readiness or lack thereof.

Conclusions

The purpose of corrective actions should be to support the child in its development and trigger potential by eliminating omissions and deficiencies. The effects can be achieved if and only if the repair program/therapy is prepared on the basis of a properly developed diagnosis. The diagnosis gives direction to therapy, because it shows the child's development, functions or processes that are neglected and possible gaps in knowledge and skills (Włoch and Włoch, 2009: 119–120).

Good organization of the assistance process and skillful planning of each of its stages, which take into account the abilities of the child, guarantee success. Throughout the support process, it should be kept in mind that the essential element is the orientation of a child's development in accordance with its inherent potential and developmental possibilities. An important element is also to motivate a child to try to overcome the difficulties surrounding their acceptance, support and mobilization

for further work by showing the joy of each and every success, even the smallest. This success is often repaid with great effort, sometimes disproportionate to the results. Please note that the positive person working with the child and their belief in progress is a measure of the success of any operation aimed at supporting its development.

The whole process of support, starting from the observation of children, performing diagnostics, performance analysis and implementation on the basis of supporting activities, also requires a very large contribution from teachers, as well as their effort and commitment and thus their knowledge, skills and experience are vital.

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