

PROFESSIONAL COMPETENCES OF TEACHERS IN CONTEXT OF AN ANALYSIS OF ANAMNESTIC DATA OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS

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Abstract

The professional preparedness of the teacher is related to his / her diagnostic abilities, which are based on the knowledge of methods and techniques of pedagogical diagnostics and which are directed to the optimisation of the educational and pedagogical process. The application of the knowledge of special educational diagnosis and pedagogical-psychological diagnosis then allows distinguishing individual preconditions and possibilities of education and raising the pupils with special educational needs.

Key words: *diagnostic competence, communicative competence, pedagogical diagnosis, external conditions of the speech development, internal conditions of the speech development, anamnesis, pupils with mental disability, pupil with multiple disabilities, optimisation of education*

PROFESSIONAL COMPETENCE OF TEACHERS

The professional competence of teacher is not only what is acquired by studying, preparation, but it is also that the pedagogical worker's personality is equipped for execution of the activities of the teacher. (Průcha 2002).

An increasing emphasis is placed on creation of favourable conditions for education, therefore more significant changes in the hierarchy of teachers' competences are gradually emerging. The optimal educational conditions are considered a choice of suitable motivation for learning, activation of thinking, creation of suitable social, emotional and working climate, the ability to manage pupils' learning processes¹, etc. As a precondition of ensuring optimal conditions for education is therefore understood high level of professional skills of teachers especially in didactic, diagnostic and communicative area. (Vítková 2004) In the complex of pedagogical-psychological competences the increased demands are placed on the communicative and diagnostic competences, especially with teachers in pre-school and primary education, because it is them who work with very diverse population, and on whose basic differentiation they participate.

Diagnostic competences of a teacher are a precondition for creating favourable conditions for learning, they are a starting point for learning and awareness in all educational levels. The teachers very often formulate a preliminary pedagogical diagnosis and they propose further steps of optimization of educational process of pupils. The higher demands on diagnostic competences of teachers are placed on pupils with special educational needs or in pupils with considerable talent. The educational impact of the teacher must be based on observation and other suitable diagnostic methods, which are the means of awareness of individual needs and interests of pupils, on recognition of current developmental stage of a pupil (the current results of education), on knowledge of the pupil's specific life and social situation (conditions of education), on evaluation of developmental and educational progress of the pupil (course of education). This is the only way to ensure the pedagogical activities are in the scope of pupils' needs, to ensure each child is stimulated, sensitively encouraged to learn and positively motivated for their own educational effort in a way and manner satisfactory to them.

¹ e.g. to individualize them from the perspective of time, pace, depth, extent of help, to interpret the knowledge with respect to age and individual peculiarities of pupils, etc.

Pedagogical Diagnosis in Primary Education

In pedagogical disciplines the *pedagogical diagnosis* occupies its firm position because it contributes to the assessment of the current state and it should be the starting point for determining the optimal criteria of educational impact on a pupil. The development of a child undergoes constant changes and if the diagnosis should be of a value for the child, it is necessary to take into account its complexity. The complex pedagogical diagnosis comes from the overall anamnesis, from longer contact with a child, from responsible conclusions, which enable to determine the way of work with the child. At the same time it has prognostic meaning because it provides a universal view of the child. Zelinková (2001) points out that each one-sidedness and non-sensitiveness in the approach to a child can have more serious consequences than it first seems. Therefore, it is necessary to avoid hastiness in conclusions, to have enough time and understanding for each child. For a teacher it is important to clarify the *relationship between the curriculum of primary education and diagnosis*. It cannot be carried out if we do not know what the goal of the education is, what the course of the education is going to be like and its content, what activities will be realised, which knowledge, skills and habits will be supported, which social skills will be developed, etc. By its conception the primary education on the 1st level makes easier the transition of pupils from family care, or pre-school education into the compulsory, regular and systematic education. It is based on learning, respecting and developing individual needs, possibilities and interests of each pupil. The education by its activity and practical characteristics and by usage of appropriate methods motivates pupils to further studying, it leads them towards learning activity and towards realizing that it is possible to look for, discover, create and find suitable ways of solving problems.

Pedagogical diagnosis in primary school is necessary for:

- preparation of the school educational programme,
- support of the complex approach to the implementation of educational content,
- choice of various educational processes, different methods and forms of teaching,
- usage of all supportive measures in accordance with individual needs of pupils,
- creation of wider offer of mandatory optional subjects for development of interests and individual preconditions of pupils,
- creation of favourable social, emotional and working climate in school environment,
- enforcement of the changes in individual evaluation of pupils' performances and for wider usage of verbal assessment of pupils,
- preservation of natural heterogeneous groups of pupils and for weakening the tendencies to exclude pupils into specialized classes and schools,
- support of effective cooperation with parents, etc.

The Communicative Competence of the Teacher

Spoken language is the basic means of pedagogical communication, which the teacher uses not only to pass the knowledge on to the pupils, but also to form their whole personality. Communicability² intensified by sophistication of the language should be a part of the professional basic skills of each teacher³. The teacher influences the creation of language culture of the pupils, he/she is a speech

² overall communication skills in interpersonal relationships

³ The teacher should use common colloquial forms of standard language and he/she should consistently pay attention to its rules, he/she should express clearly, in an unambiguous way, precisely both by spoken word, and also the movement and the overall action.

model for them. Along with the abilities to provide pupils with correct speech model, it is necessary for the teacher to understand the laws of the ontogenetic development of speech. In reality many of the behavioural problems of pupils are problems in communication and after setting a functional communicative system they disappear. Communication is the basic means of the learning process in which course the new psychological profile of the child is formed⁴, therefore, the request for the quality of *communicative competence of the teacher* is justifiable. The teacher helps to create social and emotional climate in the classroom, he/she influences the structure of pupil's social relationships, he/she teaches them to communicate and to live together in school. The teacher is the guarantor of pedagogical communication, therefore, by the choice of language means the teacher has to adjust to the level of the students not only in terms of age but also in terms of individual requests of pupils with special educational needs. The risk group in the process of learning and the acquisition of language and communicative competences are the children with health disability, whose symptom is the disturbed development of speech demonstrated by various manifestations of disrupted communicative competence. The transfer of cognitive information is often significantly disturbed due to the health disability. Children with mental disability are considered a specific group within the group of children with health disability. Unfavourable genetic preconditions of the development of brain structures in children with mental disability pathologically influence the natural plasticity of the brain, which significantly reduces the possibility to achieve appropriate level of cognitive sphere including the language and communicative competences. This fact very often makes harder both the adaptation of a child with mental disability to school, and his/her school success. The mentioned phenomena also predict the risk of relationship isolation in social environment. Therefore, quite reasonably the demands on the level of professional competence of the teachers, participating in the educational process of the pupils placed into the system of special education, increase. Pedagogical and psychological point of view, which is applied in drawing up the system of compulsory education for pupils with mental disability, is based not only on sensitive selection of schoolwork necessary and required for orientation in the world, but also in choice of suitable methods and techniques to make the learning process for these children easier. The speech is a product of higher cognitive processes, which are retrospectively influenced by the speech. There exists a process of mutual interaction. In other words, if we want to support cognitive development of a child, it is important to stimulate the development of language and communicative competences and vice versa.

The Communicative Competence of the Pupils with Health Disability

Communication is a basic human need, verbal communication is a human privilege and at the same time the most advanced means of communication. It is determined socially, it develops exclusively in social context. By communication we regulate the behaviour of the members of the society in relation to respected and recognized standards, by which understanding of given rules takes place, communication is a basic activity in the learning process. An appropriate level of speech and language skills⁵ significantly influences the process of social integration. Unfortunately, persons with health disability very often do not meet the demands expected in the sphere of speech and language skills, which is negatively reflected both in the process of school and social integration. Quite rightly, therefore, the development of versatile, effective and open communication belongs to the principal goals of primary education. Social integration of people with mental disability seems to be the most difficult one, because as a manifestation of mental disability are considered more or less significant deviations in communication, where the direct relation is valid – the more severe degree of mental disability, the more serious speech disorders. Due to the mental disability the speech develops not only late, but also differently because of different biological preconditions. If we take into account the fact that the process of education is based on adequately developed speech abilities and skills – spoken and written language, the disrupted development of speech signals not only the school failure, but also

⁴ all parts of child's psyche are transformed – memory, attention and thinking, the skills and personality characteristics are shaped, which are necessary for transition to working activity

⁵ sc. communicative competence

difficulties in the career orientation and other areas of social position. On the contrary, timely and systematic care of the development of the language and language communication with respect both to the rules of ontogenetic development of speech and to specific peculiarities arising from presence of health disability, support the process of sociability and socialization. At the same time it is a prevention of the creation or strengthening the secondary consequences of the health disability. From the point of view of the school and social integration the children, who are for a long-term exposed to inappropriate conditions for speech development, are considered at risk.

An Analysis of Anamnestic Data as a Starting Point for Education

The collection and analysis of anamnestic data belongs to the basic means of understanding the child in order to achieve subsequent education. Anamnestic data can help us to recognize the circumstances and very often also the causes, from which emerge current level of the ontogenetic development of speech regardless the chronological age of the child. On the basis of evaluation of anamnestic data, which are supplemented by the results of logopaedic diagnostics, or other data, we put together an individual plan of speech development. It often happens that we have the anamnesis formally processed, but we do not consider it a starting point for special-educational intervention.

There are complex mutual relations between external and internal factors that influence the speech development, which cannot be exactly determined in a particular child in case of evaluation of the development of the speech. In children with mental disability the unfavourable internal preconditions are very often combined with not always positive effects of the environment. An adverse internal condition is considered the organic damage to the central nervous system, which is manifested by significant weakening of cognitive activities. Negative role is played by disruption of dynamic neural processes. Consequently, the connections between analysers are formed in more difficult way and the result is an overall psychomotor delay. From the beginning the speech develops slowly and in a deformed way. Unfavourable external conditions are caused by the lack or insufficiency of speech stimuli, incorrect speech model, negative behavioural approach, etc. The experts therefore recommend building on the processes of experimentation, imitation and stimulation, in which the external and internal factors of speech development interfere in an early age⁶.

AN ANALYSIS OF ANAMNESTIC DATA WITH A FOCUS ON THE CONDITIONS OF THE DEVELOPMENT OF SPEECH

An analysis of the anamnestic data of a pupil with multiple disabilities

Anamnesis 1 (further A1): *A boy with multiple disabilities has been observed on neurology, orthopaedics, neurosurgery and ophthalmology since he was born. He was diagnosed with a diparetic form of infantile cerebral palsy (further ICP) and a global developmental delay. Nowadays, he is in the care of Special-Educational Centre for mentally disabled. His psychomotor development has been delayed since his early age. He crawled a long time, stood up with support when he was 24 months old, in the 30th month he walked with a walker. In his 3 years of age he spontaneously walks on all fours, stands up with support on his own. He is not able to walk on an uneven terrain therefore outside he is transported in a stroller.*

An analysis of conditions (further AC): A development of motor skills and speech are in a close mutual relationship. If these are within a child disturbed due to the primary disability of the function of basal motion, the speech motor skills are delayed as well because these require the finest motor skills. In children with the infantile cerebral palsy (further ICP) can therefore be primarily assumed a disruption of the psychomotor development including the development of motor skills of speech organs in the area of respiration, phonation and articulation. Secondary manifestation of ICP is not only the delay of the speech development and dysfunctions of voluntary movements of speech organs

⁶ comp. Lechta (2000), Vašek (2003), Vančová (2005)

but often also disorders of auditory and visual perception, disorders of mental and emotional development.

A1: *The boy was not breast-fed, he was tube fed until his 3rd month, from the 7th month transition to eating with a spoon. He tolerated mixed diet without difficulty, he drunk milk from a bottle. In the 11th month transition to drinking from a cup. Food of a coarser structure is ingested from the 14th month, difficulty with swallowing (makes him vomit), drinking with difficulty.*

AC: As a result of probably prematurely faded sucking reflex (that was not even stimulated artificially) the basic movement patterns for future speech stereotypes are not created in the cortex proprioceptive analyser⁷. There also appear difficulties with swallowing⁸ in a child that negatively influence the ontogenesis of articulating abilities, the development of oral-motor movements.

A1: *Speech development is delayed and takes place in a different way. In the 14th month a child starts to double syllables, to vocalize. In the 19th month the child knows children's play on words, imitate animal sounds, use first semantic words. At the age of 2 the child starts to manifest verbally less often, the child shows pleasure, displeasure, expresses himself/herself through gestures, sometimes vocalizes.*

AP: At the age of 2 the speech development stage of semantization is usually replaced by the stage of lexemization and the child starts to prefer verbal communication and the both the quality and quantity⁹ of speech rapidly develop. In this case a boy at the age of 2 does not reach the level of semantization¹⁰ yet that is characterised by the formation of one or two-word sentences, by asking first questions like "who is it?", "what is it?", etc. Moreover we observe significant deceleration of the development of speech that increases the delay deficit even more. From the beginning the development of speech is disrupted in both components (receptive and expressive) with significant deviations on the formal level and content level.

Summary: *Unfavourable internal conditions for the development of speech result from primary organic brain damage that is manifested by the movement malfunctions and also reduced level of intellectual abilities¹¹. The potential of the development of speech of a child in the area of experimentation and imitation is significantly suppressed because of the primary disability that is why the crucial role in the development of speech is played by an early and systematic stimulation guaranteed by professionals.*

⁷ The nerve analyser accepting stimuli from internal organs, regulating balance, the position of the body and limbs, the blood pressure (Hartl, Hartlová, 2000)

⁸ Dysphagia – the disorder in the process of development connecting individual sensor-motor functions that coordinate the processes of swallowing and respiration.

⁹ forms multiword sentences, declines and conjugates words, perceives phonological difference of some phones, is able to say his/her name and last name, gradually understands some terms (small-big, day-night), manages the pronunciation of 2/3 of phones, knows approximately 1000 words

¹⁰ forms one-word sentences with various intonation based on the emotional volitional intention, on a request he/she shows parts of the body, he/she is discovering speaking as an activity, he/she two-word sentences, a half of the verbal production is created by nouns, the child knows approximately 200 words, shows body parts also on a doll

¹¹ multiple disability

An Analysis of Anamnestic Data of Pupils with Mild Mental Disability

Analysis 2 (further A2): *A mother of a boy is an alcoholic, she shows signs of lower intellect, she has auditory disability, she speaks only Romani language.*

AC: Mother's expressing is hard to understand due to both the auditory disability and frequent alcohol use. Moreover language code (Romani language) is different from the language of the school education. The situation is intensified by the fact that the child did not even take part in pre-school education. Therefore primary school is a "foreign language" environment and the requirements on a child related to school duties can be considered inadequate for his possibilities and abilities. The boy does not have acquired the basics of a language in a spoken form yet and higher demands are already placed on him to acquire the graphical form of language (reading, writing). It is legitimate to assume that his school performances will be less successful.

A2: *A father is currently imprisoned for property offence, he does not work in prison, does not contribute financially to his children's upbringing. The family lives on social support, they live in courtyard balcony flat in the area of socially excluded locality.*

AC: Solving of the unfavourable economic situation accompanied by the increased effort in order to satisfy basic biological needs of the family dominates over other functions of the family, especially educational and emotional function. Therefore we can assume that both inborn verbal reflexes and pro-verbal communication¹² were not stimulated properly in the child, they were either ignored or even subdued. Unsuitable early stimulation is manifested by delay of the development of speech even if the processes of imitation and experimenting (on which basis primary speech stereotypes are created) developed in a physiologically normal way. They are created on the basal level but their fixation is random or missing completely.

A2: *A mother does not communicate with her children very much. Communication in the family is limited to basic instructions, orders, prohibitions, requests and commands.*

AC: If a child lacks optimal feedback¹³ about their own speech manifestations for a long time, the inborn need to communicate is permanently not satisfied which can lead to the child's frustration¹⁴. From the above mentioned attributes of communication in the family we can assume an inappropriate way of upbringing with the features of authoritative approach, indifference, unclearly stated rules, etc. On the other hand low frequency of communication in the family combined with the stated form signal continuous absence of the demonstration of amiability and kindness, which create the feeling of safety and security. In connection with the external conditions the importance of nonverbal communication must not be forgotten because we use it to communicate mainly the emotions, attitudes and assessment. For example continuous usage of hard vocal beginning (in orders, commands, rules) is the expression of disapproval, emphasis or unpleasant surprise and it usually has a negative or even repulsive effect on children. On the other hand soft vocal beginning is from the psychological perspective the expression of satisfaction, children react well to it and the efficiency of upbringing increases.

A2: *Significant lack of consistency in upbringing from the mother.*

¹² smile, first sounds, humming, instinct babbling, imitating babbling

¹³ By providing the positive feedback the child hears exactly how the words sound, he/she starts to understand its meaning in connection to a particular object and after that they starts to produce them themselves. Repetition of words significantly accelerates the development of speech.

¹⁴ the state of disappointment which is caused by continuous dissatisfaction of a specific need and which consequence can be for example the development of aggressive or regressive behaviour (Hartl, Hartlová, 2004)

AC: The demands placed on a child are either too low or too high. Low demands¹⁵ result in the lack of space to acquire speech and language experiences. The opposite to it is the inappropriateness of the verbally mediated demands on the child. Differentiating areas of brain mature gradually and the child is not able to differentiate between sounds of spoken language especially if they are incomprehensible, often changed or actually the child does not understand their meaning yet, etc. Inconsistent upbringing usually does not differentiate and that means that it does not respect individual possibilities and needs of a child.

Summary: *In this case we consider as unfavourable external conditions for the development of speech such conditions as non-stimulating environment, incorrect speech model, the lack of feedback, the lack of experience in receptive (perceiving speech stimuli) and expressive speech component (the actual expression), bilingual influences (only Romani language at home, Czech at school). These negative influences can be also the causes of socially conditioned mental disability.*

General Principles of Logopaedic Intervention

In both cases the analysis of the above mentioned anamnestic data shows significant deficits in the development of language and speech abilities of different etiology. The fixation of word patterns corresponding to the given language system does not take place physiologically, which is manifested by noticeable deviations in the phonological processes¹⁶ and consequently by lower level of the usage of language means in communication. That is why special pedagogical (logopaedic) intervention has to be based on the laws of ontogenetic development of speech and also on the specific peculiarities in the development of speech resulting from the presence of a mental disability. The individual plan is always created based on the assessment of the conditions of the upbringing, the course of education and current results of education.¹⁷ During speech education we apply special pedagogical principles that respect individual characteristics and abilities of every child.

The Principle of Individual Approach

results not only from the ability to assess the actual level of development of a child¹⁸ but also from the respect to their individual pace. Except for the individual development peculiarities a special education teacher assesses also personal and work characteristics of a child because these influence the realisation of the activity, how much time the child needs for fulfilling a given task and when it is necessary to change the character of the tasks focused on the speech education.

The Principle of the Development of Preverbal Communicative Skills

is based on the activities supporting the interest in communication. In children with mental disability cognitive interests and needs are less developed than the standard¹⁹ is, it is also often more difficult to perceive their communication intention. Letting the child lead means to react to their smile, eye contact, vocalization, to share his/her objects of observation, to perceive and understand the meaning

¹⁵ e.g. as a result of permanent absence of feedback due to the lack of interest in the child or due to impatience to understand his/her awkward and not very intelligible communication signals

¹⁶ phonological awareness, fast continuous naming, short-term verbal acoustic memory, articulatory skilfulness

¹⁷ accessible diagnostic data (medical, psychological, social...)

¹⁸ in children with health disability chronological age cannot be used for good orientation in what the child knows and is capable of

¹⁹ they start to e.g. follow eye contact with mother and the immediate environment later, smile to a stimuli appears also later, they are apathetic etc.

of gestures and facial expression, etc. At the same time we support his/her speech reflexes by chosen methods of commenting²⁰.

The Principle of Development and Progression

Understanding the speech comes earlier than the speech itself, the measure of understanding is the extent of passive vocabulary. We often verify whether the children understand the meaning of words that form the content of our communication. The necessity to focus on the extent of passive vocabulary multiplies in children with mental disability and in those children in who we will probably use alternative means of communication. When the child does not manifest himself/herself verbally, it does not mean that he/she does not understand. We do not rely on our memory and we make a list of words that the child understands or communicates through signs or pronounces inaccurately²¹. They are the basic building units of the development of speech. By frequent repetition of familiar speech sounds in connection with opinion a child connects the heard word with the meaning and starts to use it in communication. We never force the child to repeat a word without understanding but we do not stop their internal need of spontaneous repetition.

The listed principles cannot be considered comprehensive, on the contrary they are only an introduction to the complicated sphere that is often accompanied by secret, the sphere of acquisition of the privileged human ability – the ability to express oneself and to communicate with other people.

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²⁰ e.g. self – talking, parallel – talking, the method of correction feedback, etc.

²¹ We use as many ordinary activities as possible, we talk to children explicitly and clearly and we let them choose concrete objects or pictures according to the instructions. We do not focus only on nouns but we also use verbs, adjectives, we gradually discover understanding of the illustration of activities, properties, prepositional phrases, etc.

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