

HANDBOOK FOR PARENTS

A GUIDE THROUGH EVALUATING
THE CHILD'S PROGRESS
AND COMMUNICATING WITH
THE KINDERGARTEN

GSS Toolkit

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Prague 2018

Co-funded by the
Erasmus+ Programme
of the European Union



GOODSTART
TO SCHOOL

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This publication was written within the project “Good Start to School” (2015-1-CZ01-KA201-013947).
This project was implemented with the financial support of the European Union.

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Published by
Nakladatelství Dr. Josef Raabe s.r.o.
Radlická 2487/99, 150 00 Praha 5
tel.: 284 028 940/941, e-mail: raabe@raabe.cz, www.raabe.cz, dobraskola.raabe.cz
in 2018.

Graphic design, typesetting: Magnus I s.r.o.
Printed by: Tisk AS, s. r. o., Jaroměř

ISBN 978-80-7496-382-7

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*Společně pro kvalitní
vzdělávání*

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INTRODUCTION

The most important role in the life of the pre-school child is played by the family and the kindergarten. The cooperation of the family and the school can take on many forms: from joint trips and outings, to open-door days, creative workshops, presentations of the professions and hobbies of the parents, various cultural events to joint education and workshops on various topics. The most important form of cooperation is functional and effective communication which should lead towards supporting the child. It should be pleasant, based on partnership and it should be suitable for both the kindergarten teachers, and the parents.

It is necessary to bear in mind the fact that parents are entitled to information about the course and results of their child's education, and to the consulting support from their school. They may express their opinions regarding all the decision that concern significant aspects related to the education of their children, and they have the possibility to participate on the activities of the kindergarten. On the other hand, they are obligated to inform the school about facts that may be important for the child's development, for instance about the child's health, talents and skill, interests etc.

This handbook will guide you through the various ways in which you can establish deeper cooperation and communication with your kindergarten. Its main objective is to help you understand why, how and what the sense is of evaluating the child in the kindergarten and how to lead a dialogue about this. At the same time, it should help improve the level of communication between the family and the kindergarten, and thus facilitate the transition of the child from kindergarten to primary school.

The handbook also includes as its part the PREDICT diagnostic tool, which will be used by teachers to record information about the child. Sensitive use of the tool builds on the professional knowledge and skills of the teachers as regards the acquisition of information about children, and how to communicate about them with parents, or other professionals.

The handbook was written as one of the outputs of the Good Start to School project. This is an international European Erasmus+ project with the Czech Republic, Slovakia and Hungary as participating countries. The project is coordinated by the Nakladatelství Dr. Josef Raabe s.r.o. publishing house, and examples of good practice were drawn from the participating kindergartens, which became partners to the project: Kindergarten Maršovice, Kindergarten Čtyřlístek in Prague, Kindergarten and Primary School Plzeň-Božkov, Kindergarten and Primary School Ján Amos Comenius in Bratislava and Kindergarten Fasori Kicsinyek in Budapest.

These kindergartens shared with us their experience with consultations with parents, which they regard as one of the most effective method of cooperation between the kindergarten and the parents. In privacy and in a very pleasant atmosphere, parents and teachers exchange important information that is in any way related to the child and that could help their development. Effective and systematic cooperation and communication between the family and the kindergarten regarding the child's results contributes to mutual understanding and ensures stronger agreement regarding the upbringing and education of the child.

We believe that the handbook will help you gain a better understanding of the focus of work in kindergarten and the reasons for the, sometimes very intimate, conversations of the teachers with the parent. Do not hesitate to use consultation hours for the benefit of your child's development. Do not be afraid to ask your kindergarten to introduce the practice of consultation hours. With time, you will see the immense benefits that they provide.

In early 2016, the website of the project was launched (www.goodstarttoschool.eu), which is available in four language versions. Apart from a description of the project and its outputs, the website provides also the opportunity to register and receive fresh information about what is going on with the project, and the possibility to use the project outputs for free.

1 BEFORE YOUR CHILD STARTS ATTENDING KINDERGARTEN

Start of kindergarten attendance represents one of the most important steps in the life of the child, as well as in the life of their parents. It gets reflected in the change of the family's routine, and it brings about with it new obligations for children and parents alike. For the child, who has been used to the company of its closest family, start of kindergarten attendance means the first step towards greater independence, as now the child will be spending a lot of time with their peers, and with adults who are completely unrelated to him/her.

This change requires adjustments that may be demanding in terms of the psychological and physical health of the child. Therefore, it is suitable to start preparing the child for the start of their kindergarten attendance at the right time. The child should get used to spending time in a group, and to separation from their mother and to the need to express and communicate about their needs in a suitable and intelligible manner.

1.1 What Your Child Needs Before S/he Starts Attending Kindergarten

Before the child starts attending kindergarten it is necessary to talk to them about the change. To tell them what it will be like, what they will be doing in kindergarten, who they will meet there, and what they can look forward to. In conversations with the child, you can use a picture book, your own memories (good), or your child can talk to a child who already attends kindergarten. In any case, the memories and experiences should always be positive. Avoid negative descriptions, such as "They will teach you obedience", "There won't be any discussions in kindergarten" and so on.

It is also important gradually to help the child get used to being separated from their parents. You can use any occasion when you are leaving the house to go somewhere. Inform your child that you are leaving and assure them that you will come back. The child needs to feel that s/he can rely on you. The biggest mistake is to sneak out of the house secretly or do the same in the kindergarten during the period in which the child is adapting to kindergarten. The child then feels betrayed, and separation anxiety gets even worse.

One of the most important things is to lead your child towards independence – in particular as regards hygiene, clothing and food. Your child will then not feel bad because s/he has not mastered these activities. The realization of own inability leads to decreased confidence, and passivity. Support your child in becoming more independent, and do not be impatient when things do not immediately work out, or when they take longer. Do not rush the child and show trust in his or her ability using words. Reward and show appreciation for any small successes and steps towards greater independence.

You must talk to the child about kindergarten in a positive manner, so that they would be looking forward to the change.

It is suitable to develop skills that will make the child's transition to kindergarten, and the related changes in the child's life easier to cope with.

Skills that will help make the child's kindergarten attendance easier, and that can help them adapt faster are summarized in these 12 points:

- 1) Knowing your first name and surname.
- 2) Asking for what you want or need.
- 3) Cooperating when putting clothes on or taking them off.
- 4) Being able to put shoes on and take them off.
- 5) Being able to blow your nose and use a handkerchief.
- 6) Being able to hold a spoon and eat independently.
- 7) Being able to sit at a table while eating.
- 8) Being able to drink from a cup, or a glass.
- 9) Being able to use the toilet.
- 10) Washing hands using soap and wiping them off on a towel.
- 11) Being able to brush your teeth.
- 12) Being able to walk a short distance outdoors.

Do not stress out if you are unable to develop some of these abilities in the child. However, it is desirable to discuss possible problems with the teacher before the child starts attending kindergarten and cooperate with the teacher on looking for ways of supporting the child. With two-year old children it is necessary carefully to consider whether it is suitable for the child to start attending kindergarten, and to discuss with the teacher the level of development of the above skills in the child.

1.2 Adaptation Period

Most kindergartens already offer **a variety of adaptation programs** that are supposed to facilitate the child's transition from the family to the kindergarten and that help parents get over the period of worrying about the child. Therefore, it is a good idea to ask about adaptation possibilities already when enrolling the child into kindergarten. In many kindergartens, it is possible for the child to be accompanied by a parent at the start of their kindergarten attendance. Usually, it is the child's mother, but recently there have been more fathers, or grandparents taking on this role as well. This helps the child cope with the first stressful situation in their lives (separation from their family).

Adaptation mainly helps the child, but it is good experience also for the parents. It builds in children and parents alike a feeling of security. The parents get to see the behavior of the teachers towards the children, what activities they come up with for the children, how the children play, communicate and what rules are in place in the classroom etc. Parents and teachers get to know each other better, and they get to meet the new children in the class as well as their parents.

If the kindergarten does not offer the possibility of visiting the kindergarten before start of attendance, it should make it possible for parents to stay with their children at least in the first week of September. It is important that parents adjust their working hours to the adaptation program offered by the kindergarten.

The forms of the adaptation programs may vary. They essentially involve the gradual extension of the time the child spends in the kindergarten and help the child and the parents cope with separation anxiety. It can involve **being with the child** on the first days of kindergarten attendance for about

It is important to adjust your work and personal program to the adaptation program of the kindergarten.

one to two hours. On the days that follow, it is desirable that the child remain in the classroom without their parents at least for some time. The parent may use such time to read information about the kindergarten in the locker rooms, or other premises of the kindergarten (the notice boards often contain a lot of information that may be of interest for the parent). This time may also be used by the parent to provide essential information about the child to the kindergarten teacher. Information about the previous life of the child (anamnesis) can facilitate their adaptation. Teachers should know about the course of the child's development in the first year of their life, about their illnesses, injuries, diet, sleep needs, allergies, medication, but also about the style of upbringing used in the family, relationships with the closest persons, relationships between siblings and any other information that can help them understand the child's needs.

It is the adaptation period that is the most suitable moment for the **sharing of as much information as possible about the child**. It can be carried out in the form of a conversation, or in writing through a questionnaire.

If the child cries, be friendly, but firm. Saying goodbye should not be prolonged too much. However, never leave in haste or secretly, even if you are angry with the child. Also, never forget to keep your promises. If you tell the child you will be coming back after lunch, you should really come. For the first days, it may be a good idea to give to the child something they know intimately (a stuffed animal, toy, Mom's scarf).

Think carefully about how you experience the new situation. Children can be very sensitive, and they can recognize symptoms of anxiety in their parents. If you can get rid of your anxiety, you will help your child get rid of theirs as well. If you are suffering from separation anxiety, and if you are not truly convinced that you want to put your child into kindergarten, you should reconsider your child's start of kindergarten attendance. Alternatively, you can decide that a family member who is coping better with the new situation will be taking the child to kindergarten.

Do not promise the child any rewards for going to kindergarten. The child is already stressed because s/he is in kindergarten without parents and is getting used to a new environment. This can be made worse by the child's worrying that s/he will fail and thus lose the reward. If the day in kindergarten goes well, praise the child and talk to them about their new experiences.

2 THE PREDICT RECORD SHEET

The **PREDICT diagnostic tool record sheet**, which is available in print (see Annex 1) as well as in electronic form (see Fig. 1) helps the teacher find out how the **so-called key competences** develop in the child. These are comprehensive skills that the child will need in ordinary work and life situations. They involve for instance communication skills, the ability to cooperate, solve problem situations etc.

In the PREDICT tool, the competences are interconnected – part of one competence usually overlaps with a part of another competence, or several other competences. In total, **10 areas** were created within the PREDICT tool which the teachers monitor during the course of the child's kindergarten attendance.

You can also help children in this difficult period by trying to understand your own feelings and opinions regarding the start of kindergarten attendance.

The record sheet helps parents not only to gain an understanding of the objectives of pre-school education, but mainly to monitor the progress and development of their children.

2.1 What the Record Sheet Is Used for

The PREDICT tool was designed with the following intention:

- a) To support the cooperation between the family and the child in the effort to develop the child;
- b) to contribute in a simple form towards an understanding of the objectives of pre-school education, in particular of the importance of the key competences;
- c) in a graphic and illustrative manner to provide foundation for arguments for the mutual exchange of information about the child's development between the kindergarten teachers and the parents;
- d) to monitor the children's competences, which form the main output of pre-school education;
- e) to facilitate the transition between kindergarten and primary school.

If we wish adequately to develop the child's personality, we must get to know him or her well – not only as an individual, but also in the broader social context, including the child's living conditions. It is important for the teachers to know how your child behaves at home, how s/he reacts to certain situations, how s/he performs their needs, and what support s/he has for their development. This does not mean that the teacher is nosey – as it could be construed – but that they want to put all information together so that they could see the big picture.

The **more exact a "picture" of the child** you will help the teachers put together, and if you see it the same way, the better you will be able to develop the child as an individual. Your knowledge of the child and the teacher's diagnostic skills can contribute to that immensely. The aim is to get to know the child in their complexity – their strengths, as well as their weaknesses, possible causes of problems, so that the teacher could choose such methods of work that develop the child's strengths and eliminate their weaknesses. It is a diagnostic activity that supports the child's learning and development in all areas that may affect their quality of life.

Compared to the print version, the **electronic version** of the diagnostic toll offers the possibility of specific and illustrative monitoring of the current level of the child in the individual areas. In its electronic form, PREDICT allows for easy visualization of the results of measurements, and for a clear presentation of the results of both the individual child, and the entire class. Thanks to the result of the individual child illustrated in the electronic form of PREDICT using a graph, the teacher can see the results of the child at first sight, in particular which area needs to be developed the most. The teacher can also easily present the child's results to the child's parents. In the same way, using graphs the teacher can easily and clearly see the results of the entire class, and they can thus easily define the area of development on which s/he should focus in their further work with the class. The results of the entire class can also be presented to the parents, as the children are represented in the graphs by numbers and not their actual names, which keeps the information anonymized. In Fig. 1, which contains the processed results for the entire class, notice for instance children 11 and 12 (the last two columns of the graph). It is clear from the graphic

It will help your child if by saying WE you mean yourselves (parents) and teachers. We have a common goal.

representation that the children do not reach the required levels of competences yet.

This finding is in line with the results of the testing of school maturity, and with the examination by the guidance counsellor. For these reasons, it was recommended to the parents that their child be held back one more year.

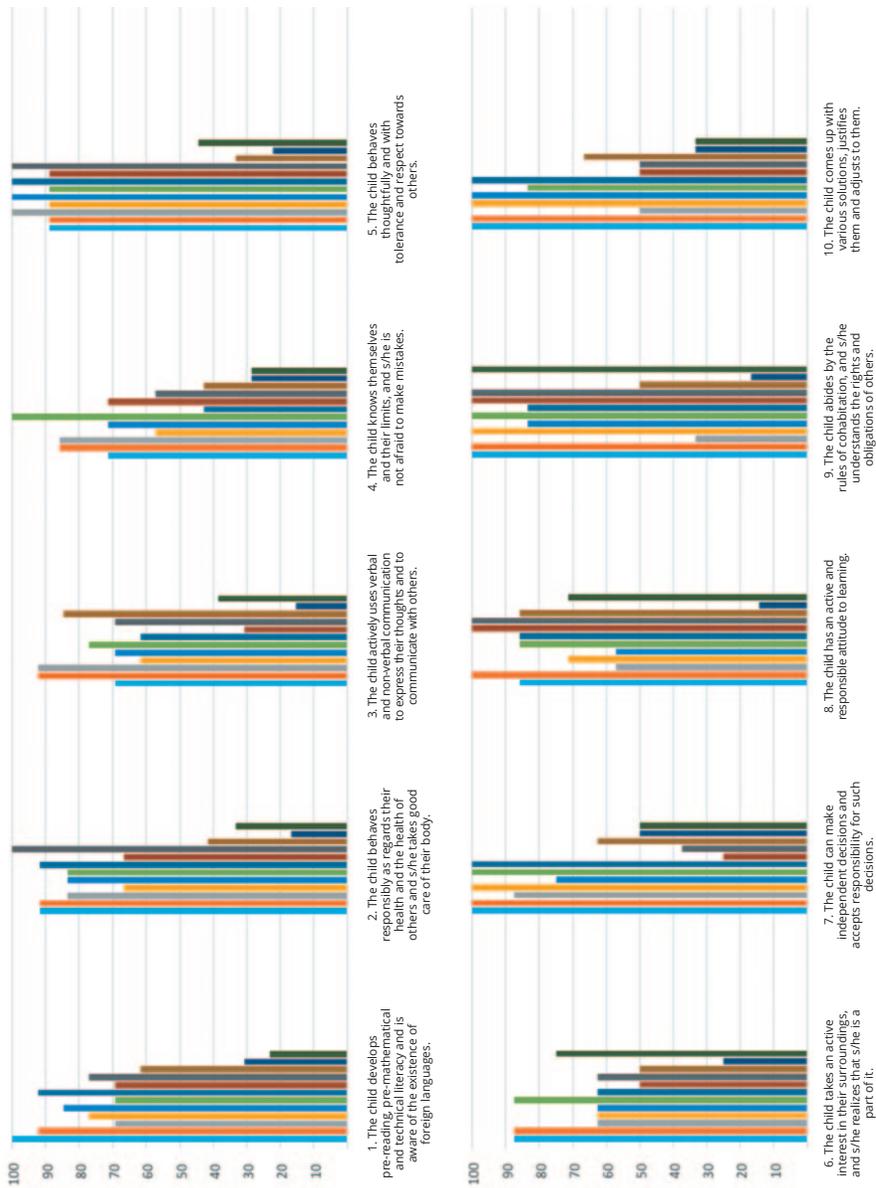
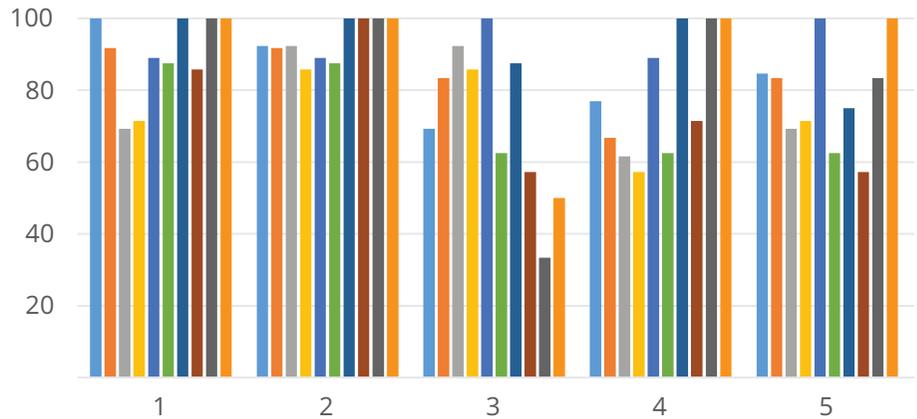


Fig. 1: Electronic processing of the evaluation of the key competences of the individual children in PREDICT.

Partial evaluation (child)



- 1. The child develops pre-reading, pre-mathematical and technical literacy and is aware of the existence of foreign languages.
- 2. The child behaves responsibly as regards their health and the health of others and s/he takes good care of their body.
- 3. The child actively uses verbal and non-verbal communication to express their thoughts and to communicate with others.
- 4. The child knows themselves and their limits, and s/he is not afraid to make mistakes.
- 5. The child behaves thoughtfully and with tolerance and respect towards others.
- 6. The child takes an active interest in their surroundings, and s/he realizes that s/he is a part of it.
- 7. The child can make independent decisions and accepts responsibility for such decisions.
- 8. The child has an active and responsible attitude to learning.
- 9. The child abides by the rules of cohabitation, and s/he understands the rights and obligations of others.
- 10. The child comes up with various solutions, justifies them and adjusts to them.

Fig. 2: Graph 2 – Evaluation of key competences in the child (5–6 years). The number 1–5 in the line below the graph correspond to the child’s number when entering results into the table in the “Record Sheet”.

2.2 How Teachers Gain Information About the Child

The diagnostic activity of the teacher is one of the most significant components of the education process. It is the starting point for the individual work with your child. It provides information on the education results of the individual children, the class, and the school as a whole. If diagnostic activity is carried out sensitively, professionally, in the long-term and systematically, it can be used by the teacher to verify the quality of tuition provided, and in particular to communicate the results to the child, and to you, the parents (legal guardians).

Have you received an invitation to the kindergarten? Are you worried about dealing with the teacher? Do you not know what will be happening, what your child is struggling with, or what has happened? Are you asking yourself the question “Why are they asking me to come to the kindergarten again?” and are you finding it difficult to find the time to visit the kindergarten? Try looking at the situation differently. The invitation is not aimed against your child or yourself, but the teachers need your help, they need to get an in-depth understanding of your child, they need more information so that they could provide them with qualified help. Or maybe they just want to use the consultation hours to inform you about what your child is good at, what results s/he has achieved. It is, after all, their job.

Teachers carry out diagnostic activity informally for the most part, while observing children, focusing on their knowledge, skills, attitudes, behavior, the relationships among them. They then react to all these findings in a certain manner, make quick decisions, or record their findings into record sheets, on pieces of paper, or into notebooks in various manners that suit them, in order to obtain enough information about the child’s needs. Gradually, they evaluate the level of acquisition of the monitored competences, and think about the progress of the child, and about the level of competences in their class so that the children would be ready for their transition to primary school. **The PREDICT diagnostic tool** is one of the tools available for this purpose.

However, very often the attention of the teachers is focused on a particular behavior of the child understanding which requires more time and the use of specific methods, techniques and tools. In that case we speak of formal diagnostic activity during which the teacher often cooperates with the family.

What is the course of the diagnostic activity of the teacher?

1. The teacher gets prepared for the diagnostic activity. S/he formulates its objective, as well as who, when, how (methods, techniques, tools), how often and in what situation will be diagnosed. S/he thinks about possible cooperation with other parties, mainly with parents, and gradually involves these in the diagnostic activity: asks them for an interview or to fill in a questionnaire.
2. This is followed by the collection and processing of information. At this stage, the teacher observes the child, talks to him/her, analyzes the result of his/her work (e.g. drawings, work sheets) and establishes contact with parents. The teacher tries to recognize the specific problem of the child in depth, comprehensively and sufficiently long with respect to the specific needs of the child or of the group. At this stage, cooperation with parents is very important, as parents may help the teacher better understand the child’s problem.

Without diagnostic activity, the teacher cannot implement the education process with the required level of quality and effectiveness. What seems time-consuming brings benefits - development of all the parties involved.

3. Only after obtaining sufficient data may the teacher move on to the next stage, during which s/he evaluates and analyzes the acquired data in order to communicate to the parents the result of the diagnostic activity, and in cooperation with them to think about suitable measures – about implementing changes that will help the child.
4. If the measures have been proposed in a suitable manner, they need to be introduced into the practical life of the child. This task should be shared by the teachers in the kindergarten, and the parents at home. If teachers and parents join up, the measures would be more effective, and the child's progress will be faster compared to the limited effort of only one side.
5. The final stage of the diagnostic activity is the output report containing conclusions and recommendations that will allow for the optimization of the development of the child. However, this is not the end of the teacher's and the parents' job, this step is followed by a verification of the effect of the introduced measures. Systematic sequence of steps, continuity and continuous consultation of conclusions with all parties involved makes pedagogic diagnostic an essential area of the teacher's work, without which it is impossible to achieve individually effective education progress in children.

2.2.1 Methods Frequently Used to Obtain Information about the Child

Unwitting, or intentional observation is one of the methods most often used for diagnostics.

Most frequently used methods aimed at getting to know the child include **observation**, be it **intentional (planned)** with formalized written records, or **casual**, from which the teacher takes various notes which s/he later summarizes. It is one of the oldest diagnostic methods, which allows for the observation of the child in their ordinary conditions within the classroom, and within the family. It is important to realize that observation if focused on such manifestations of the child that can be seen, heard, and measured.

It is necessary and desirable to carry out observation systematically and in the long-term, and it is suitable to accompany it with other diagnostic methods, most often with a conversation with the child, the parents, and a questionnaire for the parents.

Parent as a diagnostician.

The role of the diagnostician can also be taken over by you, the **parents**. You have been observing your child ever since s/he was born, and you have witnessed their progress, no matter how small. You rejoice in their first smile, step, word. You record your findings into books that you will most probably give to your children one day. If you feel that the child is not progressing the way s/he should, you grow insecure. You pay more attention to this behavior manifestation, you observe your child, look for advice, help, you often turn to professionals. And if it is necessary you introduce change, new measures that will support the development of the child. You have obtained a lot of data about your child, which you are continuously processing. This data needs to be shared with the teachers within their diagnostic activity, during which they are trying to achieve the same thing as you, the parents. They observe the development of your child, and they do their best to help your child develop properly.

Very often, teachers turn to you with a request for a personal meeting during which they make a **diagnostic interview** with you. This allows the teacher to get to know parts of the child's personality that may not be available to direct observation, or to other methods. This will enable them to capture not only the facts, but to gain a deeper insight into the inner world of the child, and the expectations of the parents. Through the interview, we can discover the interests, values, wishes, worries, opinions, thought patterns, causes of behavior, knowledge, relationships with their classmates, friends, adults etc. Just remember how often you use this method when you feel that something is going on with your child, when s/he is sad, tearful... you react immediately and collect further information.

Sometimes the interview with the parents is replaced with a **questionnaire**. Teachers use these if they want to obtain a lot of data about a specific phenomenon in a short time. For instance, at the time of the child's enrollment into kindergarten, when they obtain input data about the child: about their interests, sleep needs, diet, illnesses, allergies, favorite fairy-tale, activity (the child's anamnesis). All this forms part of support for understanding your child.

Frequently used diagnostic tools used in kindergarten includes also the **child's portfolio**. Its form, scope and way of working with it tend to take on various forms (Kratochvílová, 2014).

We will now focus in more detail on the diagnostic portfolio, which supports the diagnostic activity of the teacher in practice. Its importance lies in that it documents the gradual development of the child using their own works (products) over a specific length of time. It is usually a folder containing the works of the child that provide information about what the child has accomplished and how. In our conception of shared diagnostics, these are introduced to the parents.

It is vital to emphasize here that it is desirable to establish both **forms of the portfolio** for the purpose of keeping records about the competences of the child: **paper and electronic**, in relation to the PREDICT tool. The paper portfolio may be a suitable supplement to the electronic portfolio in any form. The electronic portfolio is represented by the child's own website that is established within the official website of the school. The electronic portfolio can record such areas of the child's development that we may be unable to document in "paper" form. This includes various visual and sound documents (video and audio recordings of songs, conversations, performances, various events, cooperation with other children, communication), photographs. It can also contain diagnostic tools for the monitoring of the child's development, e.g. PREDICT. The electronic portfolio can be made accessible to the parents (under a password), who can then continuously monitor the progress of their child.

Analysis of the works stored in the portfolio, and continuous work with the portfolio provide the teacher and the parents with further data about the child. In connection with data from observation and further methods of pedagogic diagnostics, it enables the teachers to record the extent of the acquired competences into the PREDICT record sheet in electronic or paper form. This way, we obtain a record sheet with the graphic illustration of the level of acquisition of the competences that are subject to

The child's portfolio has many forms – if we use them, we should always ask ourselves the question to what extent it contributes to the development of the child.

The portfolio and the PREDICT diagnostic tool are two significant complementary sources of information for communication with the parents.

assessment. It then serves in the portfolio as a foundation for the communication of the child's results at a meeting of the teacher with the parent(s), and possibly also the child.

2.2.2 What Is a Diagnostic Portfolio

The diagnostic portfolio does not contain all the works of the child the way **the collection portfolio** does (all works produced by the child are included in the collection portfolio). It contains only a narrower selection. The decision about what to include in the portfolio lies with the teachers, and the children, sometimes the parents are also included in this decision. The portfolio also includes information about the child (autobiography of the child: name, interests, favorite books, fairy-tales, songs, height, weight etc.). The portfolio further contains worksheets, drawings, and other creations that can be kept in the foils within the folder, photos of the children... The main part of the portfolio is created by the child him-/herself (even though under the guidance of the teachers). It is further supplemented with further materials which stem from the diagnostic activity of the teacher and that document the progress of the child, e.g. the PREDICT tool.

The diagnostic portfolio provides interesting information not only about the teacher, but about the child as well, who then likes and enjoys looking at their work in the portfolio again, analyzing and evaluating it. The portfolio should be available to the parents at any time. It represents a valuable source of information for meetings with parents, and for the planning of the child's development. The portfolio represents a conclusive and convincing material that the teacher can submit to the parents mainly for the purposes of the positive evaluation of the child. Also, if the child's works signal some problems or issues, the teacher can use the portfolio as support when looking for a solution in cooperation with the parents.

The portfolio **allows the teacher to identify in what areas the child requires support and increased attention**. Moreover, given correct work with the portfolio, the child is instigated and motivated to achieve better results. Every detail needs to be taken into consideration in order to ensure that the children would be as independent as possible when working with the portfolio. That is why it is necessary to make handling the portfolio and orientation in it easier for the child (e.g. using color markers), and to teach the child how to insert and organize the materials in the portfolio. Parents should have **open access to the portfolio**. This means that they can browse it at any time with the consent of their children. It is a book in which their children collect their works, and which they are proud of because of the things they have achieved.

It would be ideal if we could say that creating the portfolio is fully in the hands of the child. However, this would not be possible at pre-school age. If we want to administer a diagnostic portfolio, the teacher takes a significant role who, through didactically targeted activity, influences the child's results and products, which can then become part of the portfolio. The teacher should discuss the inclusion of the individual works of art into the portfolio with the children. If the teacher purposely observes the

development and progress of the child, s/he intentionally chooses certain diagnostic tools, which then also become part of the portfolio. For instance, the drawing of a human body, which then repeats in the portfolio during the course of the school year.

Apart from the teacher, the children should also have a say in deciding what gets included in the portfolio. Very often, they engage in spontaneous activities, during which works are created that the children wish to include in the portfolio. Alternatively, they want to take some of their works home to show they parents what they have done. In such a case, the decision should be made by the children themselves.

Parents can also cooperate on the creation of the portfolio. However, in our conditions, this has been less frequent so far. Nevertheless, it is the parents who can bring a creation, photo, video recording, or other works of the child that have been made outside of the kindergarten, and that may be valuable mainly in that they can provide the teacher with information about the child in the context of a different social environment. This way, parents can document how the child behaves at home, how s/he gets involved in domestic activities, what are their favorite activities, toys etc.

It is desirable **to use the portfolio when consulting** the child's results and progress with the parents. It is also a good idea about twice per year to give the portfolio to the child to take home to show the results of their work to their family. The road to the parents' acceptance of the portfolio, and to their active involvement in its creation is very lengthy, and it may vary from case to case. Some parents do not see any benefit in having a portfolio like this, while others are excited about its contents and working with them.

By way of conclusion, we should point out that with the diagnostic portfolio it is not only about its content, but also about working with it, in particular in relation to the child, the class, the family and colleagues. It can provide all the participants of the education process valuable information provided that it is not a "dead" document, a mere "folder" that awaits the end of the school year to be handed over to the parents, so that they could see the results and progress of their child and appreciate the year's work of the teachers. It is necessary continuously to work with the portfolio (also at home).

3 COMMUNICATION OF PARENTS WITH KINDERGARTEN TEACHERS

Involving the family in the education of the children and creating an open partnership between the family and the kindergarten teachers is positively reflected in the child's development. The partnership between the kindergarten and the family does not emerge by itself and of itself. It is necessary **to build it systematically**. The initial impulse towards the building of this equal partnership with the parents usually comes from the kindergarten. It is, however, possible, for the impulse to come from the parents. It is also desirable if the parents get acquainted with the education

program at the kindergarten, in particular with the chapter that deals with cooperation with the parents. They can then propose that some of the rules established by the kindergarten for cooperation with the family be amended. Building a partnership is a continuous, live process, which requires a large amount of certainty about its necessity on the part of the teachers, and enough courage on the part of the parents to voice their own opinions and attitudes regarding the offer made by the kindergarten.

3.1 First Meeting

The first meeting with parents usually occurs at the registration of the child at the kindergarten, or within the adaptation programs. From the very start, it is vital that the kindergarten build and open relationship with the parents.

After registration, prior to the start of kindergarten attendance, two meetings are usually held – one **group** and one **individual**. At the first group meeting, the parents receive basic information about the kindergarten's education program – objectives, focus, operation of the kindergarten, daily routine and on the clothes that the children will need in the kindergarten.

The objective of the individual meeting with the parents is to obtain such information about the child that will enable the child to start attending kindergarten without any problems. It can be held already in June, or in early September. It is a good idea if the meeting is attended by both teachers who work together in the class. The interview should be recorded into a pre-prepared form.

Teachers are interested in the health state of the child, their characteristics, ability of self-service, dietary and hygienic habits, need to rest, relationships with peers and adults, interests, vocabulary and pronunciation and other facts that may come up in the conversation with the parents. Simultaneously, the teachers introduce the parents to the possibility of participating on the education process in the classroom, taking part in events organized by the school, taking part in consultation meetings and to other alternatives of parent-teacher cooperation.

One of the basic conditions for the establishment of an open partnership are **good communication skills** on the part of the teachers/headmasters, but also of the parents, and also their ability to communicate **openly**.

Further recommendations can be found in literature on the principles that should be upheld in communication between the kindergarten and the family so that it could be as natural and pleasant for both sides as possible (Kotátková, 2014; Sedláčková et al., 2012; Syslová et al., 2016; Šprachtová, 2008).

One of the most important principles is **the ability to see a situation through the eyes of the other party (empathy)**, to understand their state and mood through comprehensive and detailed perception of the verbal and non-verbal elements of expression. If we show the other party that we are aware of their current emotional state, communication will be easier and more open for them.

Apart from empathy, another important part of communication is also **the ability to accept the other person as they are**, to express understanding for their needs, and accept them without prejudice.

An example of the first meeting with parents at the kindergarten.

3.2 Consultation Hours

It has become a good habit in a number of kindergartens that they offer parents so-called **consultation or talking hours**. Through talking about the child, parents obtain important information on what the child has mastered, and what key competences they have developed sufficiently, or insufficiently. The teacher can acquire additional information through the interview about the child, their interests and behavior within the family environment, or during out-of-school activities. Together, they can plan which skills need to be supported in the child.

If, during consultation hours, or the individual meeting, the teacher deals with an issue in cooperation with the parents, it is recommended to make a record of the meeting. Thanks to the signed record, a copy of which should be provided to both parties, the parents, as well as the teachers have in their hand a documented conclusion from the meeting, and possibly other recorded recommended steps recorded in the sheet (a template for such a sheet can be found in Annex 2 and Annex 3).

The last and very effective trend is to carry out **a consultation with the child present**. The child can be asked to share their results through their portfolio. We can ask the child about which of their works s/he likes, why, what s/he has learned, what s/he found interesting etc. The child's evaluation can be supplemented by the parent and the teacher, and both can enter the conversation with the child.

The child's works in the portfolio document what the child does in the kindergarten, what s/he takes an interest in, what s/he excels at etc. The PREDICT record sheet documents how competences develop in the child that are the main objectives of pre-school education.

If your child manifests noticeable deficiencies in development, consultation hours can help parents better understand, and provide clear evidence for the need to visit a counselling facility. Counselling facilities help obtain a better diagnosis of the development deficiency in the child. Based on the diagnosis, the teacher can be more effective in planning and implementing an education offer that would support quality development of the child.

3.3 Before Your Child Goes to Primary School...

The transition of the child to primary school is usually associated with many worries on the part of the parents that arise from the fear of the unknown. Every parent wants the best possible education for their child; however, they may sometimes get lost in today's education offers provided by public as well as private schools, and in the new alternative models and innovations. They worry whether they have chosen the right school for their child, and whether their child will be able to cope with the demands of school education. At this stage, which is certainly not easy for the parents, the kindergarten, as well as the catchment primary school can provide important help. How?

The foundation lies in the proper evaluation of the child's readiness for school education, which must be the result of comprehensive diagnostic activity of the teachers in the course of the child's kindergarten attendance.

Evaluation of the child's maturity and readiness for the start of primary school attendance.

The results of **the diagnosis of school maturity and readiness** should be presented to the parents, so that they could make informed decisions about when their child should start the first year of primary school. It is much better for the parents if the results are visualized, so that they could easily see their child's strengths and weaknesses. A good example of such visualization can be found in Sindelarova (2016, see Fig. 3) in the form of the results of **a diagnostic test in the form of a "tree", or graphic visualization from the PREDICT tool**. For instance, in Fig. 1 you can easily see that the child's skills in all areas are not on a sufficient level. Most attention should be given by the teacher in cooperation with the parents to the seventh area in which the deficiency is most pronounced. Same as any child is unique, the results of the test are always unique. Every child has problems in a different area, and only very occasionally does a child lag behind in all areas, as shown in Fig. 1. According to the results of the diagnostics of school maturity, the teacher must prepare special tasks for the child to ensure that mainly the deficient areas are developed.¹ Parents can then use simple activities at home to support the development of the same areas in the child. This leads to more effective development in areas of deficiency.

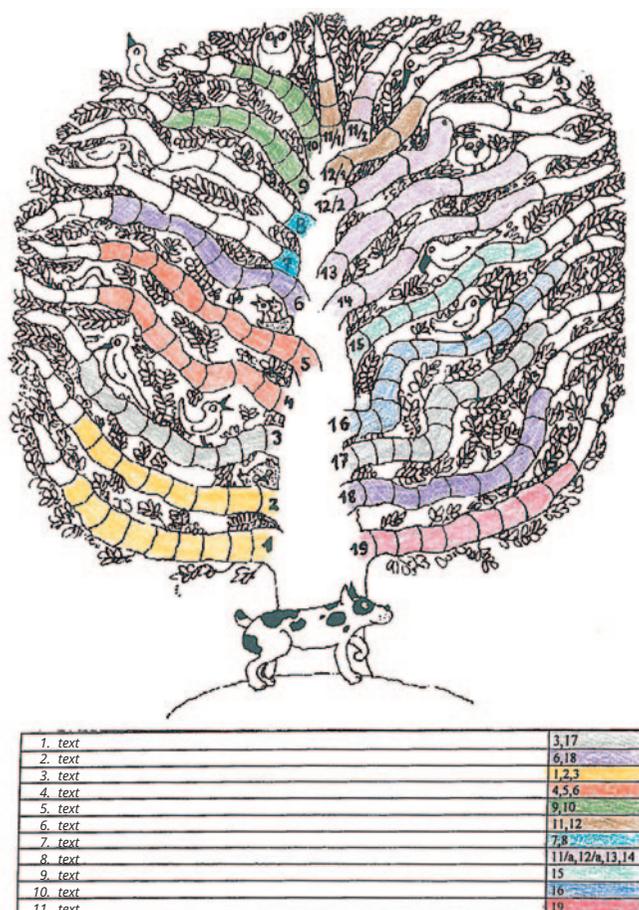


Fig. 3: Results of the test "Avoiding Learning Disorders" (Sindelarová, 2016)

¹ Working with test results is described in more detail in the publication Evaluating Results of Preschool Education (Sedláčková et al., 2012).

Other forms of diagnostics are used in some countries for the evaluation of school maturity and readiness. In Slovakia, for instance, the so-called evaluation questions that cover the individual areas of education are used as a tool of non-normative diagnostics pursuant to the State Education Program in force since September 2016. In Hungary, the diagnostics of school maturity lies within the competence of the individual kindergartens and each kindergarten draws up their own material for the evaluation of the child, which may take the form of a questionnaire, for instance.

The teacher continuously verifies how the child is doing, and gradually increases the difficulty of the tasks, or moves to other areas that may be in need of development. It is good if the parents can also monitor how their child is fulfilling the obligations imposed on them (i.e. come to the classroom and have a look at the child's portfolio).

Consultation hours should be used by the teacher in cooperation with the parents, or with the child (if desirable) to evaluate the progress in the deficient areas of school maturity, and in competences. Joint support of the child is the best motivation for the start of primary school education.

In order to facilitate the transition of the child into primary school, kindergartens carry out a number of continuous, as well as one-off, activities through which they help the children, as well as the parents to get to know the environment of the school. For instance, they may organize an excursion for the children to the primary school, or joint activities for both kindergarten and primary school pupils, or a visit for the teachers of first year of primary school to kindergartens.

Apart from the above, kindergarten also make it possible for parents to meet the representatives of primary schools in their area, psychologists etc. This can help dispel frequent worries on the part of the parents related to the transition of their child to primary school that are related to questions such as: What will the composition be like of the group in the first year of primary school? Are we going to be able to cope with the demands of the primary school (e.g. homework)?

As we have already stated, kindergarten and primary school teachers put a lot of effort into facilitating the successful start of school attendance for the child. However, one resource remains underused and that is **the diagnostic portfolio**, which is handed over to the parents at the end of kindergarten attendance. Its richness usually remains unused. Nevertheless, the child's portfolio from kindergarten could actually be of great help for the primary school teacher, not only at registration, but also at the end of the school year. In both cases, primary school teachers can use it as a means of establishing communication with the child, and mainly as a source of diagnostic information provided that the parents offer the portfolio to the teacher. Unfortunately, the portfolio is not used in this manner even in those institutions where there is both a kindergarten and a primary school under one roof.

It is unfortunate that the diagnostic portfolio of the child that is created in the kindergarten is not used further in primary school.

4 DIAGNOSTIC ACTIVITY OF TEACHERS IN PRACTICE – EXAMPLES OF GOOD PRACTICE

In previous chapters, we mentioned several times that the diagnostic of children is a long-term process which needs continuously to be communicated with all the participating parties, in particular with the parents. To what extent communication with parents regarding the results of the children is successful in practice is presented in the following **examples of good practice**. To help you understand the context of the given example, we provide a characteristic of the class.

4.1 Dealing with Logopedic Problems

An example of good practice.

The kindergarten class is attended by 28 children whose age ranges from 3 to 7 years. The most numerous group is that of the oldest children, and it includes 12 children, including two who were held back one year. There are seven children of 4–5 years of age, and the last, youngest group (3–4 years) includes nine children.

Working with the children and the parents, **class rules** were drawn up that everybody understands, agrees with and tries to respect and abide by. The fundamental rule is that children are supposed to help their younger and weaker classmates, and that children learn from the older and more experienced pupils.

Diagnostic findings.

The diagnostic of the children in the class led to the conclusion that the **speech ability in pre-school children deteriorates**, and there is growing lack of interest and laxness on the part of the parents to deal with speech defects in their children at the right time. This led kindergarten teachers and management to draw up a project, and they obtained funds from the development program of the Ministry of Education, Youth and Sport Supporting Logopedic Prevention in Pre-School Education for years 2013, 2014 and 2015. The obtained funds were used to equip the kindergarten with good quality aids, literature, education programs and technology. The funds were not used to provide training for the kindergarten teacher, as she has already been trained in the previous years within ongoing education of pedagogic employees.

Cooperation with a speech therapist.

Furthermore, the kindergarten agreed on **cooperation with the speech therapist** from the SPC, who works as a supervisor at the kindergarten, and provides methodological guidance for the teachers and helps them plan logopedic prevention. The teacher, in cooperation with the speech therapist, selected all children with a logopedic or communication impediment, and obtained the consent of the parents (legal guardians) with an examination of the children by the speech therapist, which was carried out over several days in the quiet and safe environment of the kindergarten familiar to the children.

Information to parents.

Results of the implemented measures.

Risks.

Individual consultations with parents.

The course of the consultation.

All parents of the children who were examined were given a **written report regarding the child's level, including a proposal for remedying the situation**. Simultaneously, the teachers got the idea that they could **tackle the problem in the entire group and organize a lecture at the kindergarten for the parents regarding speech impediments and ways of remedying them** with the possibility of consulting the speech therapist. They discussed the idea with the speech therapist, who agreed, and they defined the individual topic areas, date, time and place for the lecture. Selected parents were given a written invitation at a personal meeting, and other interested parties were invited using the notice board in the changing room.

The result was that the speech and communication impediments improved in most of the children; however, the overall state did not meet the expectations of the logopedic prevention specialist. The greatest benefit of this **group approach to tackling the problem** at the first stage was that the **accepted measure was acceptable and understandable for the parents**. The parents found out that their child's speech impediment is a problem that can be solved, and that their child is not the only one with this problem. Answers to their questions helped them deal with their individual situation. As the debate was moderated skillfully, the parents were no longer afraid to ask questions, they felt the effort to deal with their problem, and started trusting the teachers.

The greatest risk was that **some parents did not want to give their consent with the examination of the child**, and that parents of those children who required speech therapy **did not attend the lecture given by the speech therapist**. It is vital that the lecture be given by a professional who can get the attention of their audience, and who can react to specific questions from the parents.

After the children were examined by the school speech therapist, and after the group meeting, the speech and communication impediments improved in most of the children; however, the situation was still not ideal. Therefore, the teachers decided to organize also **individual meetings for the parents**. They selected those children whose parents failed to comply with the proposed solution for the impediment. They planned the dates of the individual meetings and prepared two options for each child. They set the date and time for each child, and prepared invitations with the names of the parents which they handed over to the parents at a personal meeting.

The head teacher prepared for the individual meeting with parents carefully, collected all documents from the speech therapist, solution proposals, diagnostic cards regarding the child containing records of their progress, and the logopedic prevention in the kindergarten, reasons for the meeting, and options for the solutions to the problem.

The teacher chose a place for the meeting where she could be certain that they would not be disturbed in any way. The teacher opened the meeting by welcoming the parents. In her introductory remarks, she put emphasis on the solution to the problem, which should be mainly in the interest of the child. Throughout the interview, the teacher spoke in a calm voice, asked the parents open questions related to how much they adhered

to the proposal for the speech therapy intervention, how far they got with the child etc.

The teacher always let the parents speak and did not interrupt them unnecessarily and tried to keep the conversation on track. With the child present, she presented the child's portfolio, emphasizing his/her strengths. She discussed with them the pedagogic diagnostic of their child carried out by the teachers at the kindergarten. During this discussion, the teacher continued to preserve the friendly atmosphere, and to build in the parents a feeling of trust, which is necessary for a joint solution to the problem.

The teacher proposed a visit to a clinical speech therapist in the area and repeated the result of the examination by the school speech therapist from the SPC and their recommendations. Drawing from her own pedagogical practice, she provided examples of what could happen if the problem should remain undealt with. The teacher presented a proposal of a plan of remedying actions and handed over to the parents contacts for several speech therapists in the area. At the end of the meeting, she asked the parents to summarize the result of the meeting to help them remember the procedure for the upcoming period.

The greatest benefit of this individual solution was that **it took place in the safe, quiet and familiar environment of the kindergarten. The parents could see the teacher's effort to solve the problem**, and they were **confronted with reality**. The greatest risk (albeit with a small percentage of the parents) was the effort to trivialize the problem, simplify it and keep avoiding the solution. The result was that all the parents accepted the fact that their child has a speech impediment, and they started dealing with the problem at least in part.

4.2 Dealing with Problems in the Area of Social Skills

The "Bees" class is located on the ground floor, it has its own separate entrance, locker room, toilets and bedroom. Twenty four children attend the class, mostly aged 4,5–6(7) years. If siblings enroll at the kindergarten, the teachers try to accommodate the needs of the children and the wishes of the parents and place them into the same class, which means that the classes gradually grow more heterogenous. The classroom is equipped with functional furniture, necessary toys and aids, which the children can borrow independently, and which they know where to put back. The layout of the classroom is suitable for various group, as well as individual activities, and games. Children use playing corners with various topical focuses. The class is run by the headmistress and a teacher.

The **diagnostic evaluation of the new child** suggests that s/he is timid, does not communicate with peers or with adults, keeps alone and does not show signs of interest in establishing contact. In a conversation with the teacher, the child gives only one-word answers, usually limited to "yes" and "no". At the start of kindergarten attendance (at the age of four years), the child has problems with competences in the area of hygiene (s/he cannot tell the teacher that s/he needs to go to the toilet, and sometimes s/he soils themselves during the day; s/he cannot blow their nose). The child clearly manifests motoric restlessness, flightiness and

An example of good practice.

Diagnostic findings.

rashness. S/he does join play, but only plays by themselves, and does not seek the company of peers. Physically, the child is skillful and dexterous. S/he is independent when it comes to clothing and eating, s/he is not picky and usually eats snack and lunch with gusto. S/he enjoys drawing and shows good skill with scissors. The child started attending kindergarten at age four in year 2014/2015. The child comes from a complete family and has no siblings.

The headmistress of the kindergarten initiates a meeting with the parents in mid-October. The meeting is attended by the child's mother. At the beginning of the meeting, the teacher presents to the mother positive skills of the child (that s/he is skillful, dexterous and independent in clothing and eating). After that, the teacher suggests that there are some areas in which the child needs help – hygienic skills, social behavior (relationships with peers and teachers). During the conversation, the mother denies these facts and claims that the child does not behave like this at home, that s/he has no problem with personal hygiene and that s/he communicates with children and adults without problems. The teacher does not pressure the mother and offers her the opportunity to visit the classroom during play and education activities, so that she could observe the child's behavior in the company of children and teachers at the kindergarten. The mother takes an unsure attitude to the offer and does not take up on it in the future. The headmistress and the teacher take detailed notes from observing the child and use these notes in further consultations with the parents.

In early November, **the child's parents attend a creative group workshop in the garden, and they help with gardening activities.** The headmistress observes that the child's parents also do not get involved in discussions and conversation with other parents, that they simply do the activity they have chosen, and keep apart from the rest of the adults. They only communicate with each other, and they do not establish contact with the headmistress, or the teachers or other adults, they simply provide short answers to their questions, and they do not get involved in conversations. The child also gets involved in the activities, but s/he keeps with their parents, or runs around the garden alone, not seeking contact with peers. The headmistress brings this fact to the attention of the parents and starts a short conversation with them on this topic when there are no other parents nearby.

Story-telling session with children and teachers in the community circle – the children narrate a fairy-tale that they saw in the theatre. To ensure that the children do not talk over one another, only that child can speak who is holding a small ball in their hand (the children pass the ball to each other in the circle). The child who has problems with communication always passes the ball to the next child, as s/he does not want to speak. The teacher then tries to establish communication with the child using story-telling in a smaller group (4–5 children); however, the child still does not use this opportunity to express themselves verbally. When the teacher, or the headmistress tries to establish verbal contact with the child, the child remains taciturn, and answers only with one-word utterances, or not at all.

The importance of documenting findings about the child.

A consultation with parents during a kindergarten event and an interesting finding.

An example from observation.

A consultation with both parent using the child's portfolio.

In late November, **both parents take part in consultation hours**. The headmistress tries to create a pleasant atmosphere and offers the parents a drink. She uses **the child's portfolio** for the consultation. First, she focuses on skills that the child has mastered well – fine motoric skills, graphic motoric skills, visual perception, pre-mathematical ideas, self-service. Further, **she points out that there has been almost no progress in the area of social behavior, or hygienic skills**, and she assures the parents that she would like to agree on joint efforts, so that they could provide the child with help as effectively as possible. The child still wets themselves often, and sometimes s/he even soils themselves, and is still unable to ask if s/he needs to go to the toilet. There has been a slight improvement in communication between the child and the headmistress and between the child and the teachers – the child still does not establish communication, but s/he is more communicative in their answers. It was discovered in communication with the child that at home, s/he is only used to going to the toilet on the pot, never on the toilet. The parents reluctantly confirm this fact, and they also gradually become more convincing in their statements. They state that outside of the kindergarten the child does not get into contact with other adults or children very often, and that the child's grandmother does not have a very positive relationship with the child.

The headmistress shows the parents their child's portfolio and explains that the child carries out education activities in accordance with the teacher's instructions, and that s/he can work independently. S/he is bright, and correctly understands the contents of the activity, which s/he usually successfully completes, unless the activity requires verbal communication on the part of the child. The headmistress **uses records from observation and illustrates the child's behavior to the parents in detail using a specific example**.

The headmistress once again **offers the parents the opportunity to be present in the classroom** during play and education activities. She also suggests that the parents take the child into the company of other children also outside of the kindergarten (playgrounds, events for children etc.), and she also informs the parents that it would be desirable to motivate and praise the child more often for their (however slight) progress. In the area of the speech and language development of the child, the headmistress recommends that the parents talk to the child more in the family, read to them, tell them stories, motivate them for conversation. It is further necessary that the parents guide the child towards the acquisition of fundamental hygienic routines. The parents seem withdrawn, and they assure the headmistress that they already engage in such activities with the child.

At the next meeting, the **headmistress suggests to the parents that they should visit the pedagogical-psychological counselling center**, as there have been no improvements in any of the areas. The parents strongly oppose this, explaining that this would not help the child at all. However, it seems evident from the sub-text that the parents are afraid to visit the counselling center, and it seems they consider that a handicap. The teacher explains to them the purpose of visiting the pedagogical-psychological counselling center, and outlines for them the course of examination at such an institution, trying to dispel their worries. She also **offers the pos-**

Parent's worries regarding a visit to the pedagogical-psychological counselling center.

sibility of inviting a specialist from the counselling center to the kindergarten, but the parents turn this offer down as well. The teacher finishes the consultation meeting, expressing her maximum support to the parents in the issue of the positive development of their child, and she tells them that they can think it over, and decide whether it is desirable that their child visit the counselling center.

In early March, the mother comes to pick up the child in the afternoon and starts a conversation with the headmistress. There are no other children in the garden any more, which means that privacy for the conversation is ensured. **The mother informs the headmistress that she has decided to take the child to the counselling center, and also explains the complicated relationships in their family**, mainly her complicated relationship with her mother (the child's grandmother), which also affects the child. While talking to the headmistress, the mother is clearly emotional, and eventually she breaks down crying. The headmistress expressly appreciates the mother's decision to visit the counselling center and offers her help if she needs it. The headmistress agrees with the mother that they will fill in the questionnaire for the counselling center together and goes on to explain the contents of the questionnaire to the mother, who understands and agrees to everything.

The next two consultation meetings are used to prepare the input documents for the pedagogical-psychological counselling center, and to draw up an individual education plan for the child. The examination in the counselling center showed that the child lives in a non-stimulating family environment. The parents react very positively to positive evaluation of the child (to the skills that s/he has already acquired), and they become more open to the recommendations made by the teacher and the headmistress aimed at developing those areas where the child is deficient.

In mid-June **both parents attend the last consultation hour**. The teacher presents to them the slight progress the child has made. **The child is better at handling hygienic routines**, s/he wets themselves only rarely, **but s/he still cannot ask when s/he needs to use the toilet** – the teacher actively tells the child to go to the toilet. The teacher uses notes from observation to inform the parents that **their child is attempting to establish contact with peers, but that this does not come easy for the child – s/he does not establish verbal contact, but rather pushes or pulls the other children**. Other children mostly exclude the child from their group, they do not want to play with him/her, and they do not communicate with him/her.

The parents confirm that at the playground, the child plays “next to” the other children and does not establish verbal contact with them. The child tries to communicate by destroying other children's sandcastles. The teacher explains to the parents how she deals with such situations and tells them how they can intervene in such situations and correct them successfully. She emphasizes that it is necessary to react immediately in the given situation.

In late November of the following school year **there are improvements in the development of hygienic habits**, and the child almost never wets themselves any more. **The child seeks the company of their peers and tries to engage in play with other children**, and other children no longer

*Informal
impromptu meeting
in the garden.*

*The child's progress
at the end of the
school year.*

*The course of
cooperation and
consultations in the
next school year.*

push the child away as much. **The child is still unable to establish verbal contact with other children by themselves, but s/he reacts** to them, answers them, even though still with one-word utterances. The child still does not establish verbal communication with the teacher, either, but s/he does answer to the verbal communication of the teacher. The teacher suggests that the parents establish **verbal contact with the child as often as possible**. They should talk to the child about the things they have experienced together, they should read to the child, and support in him/her the need for verbal communication.

Parent's worries regarding a visit to the pedagogic-psychological counselling center.

At the January consultation hours, the headmistress informs the mother of **further progress of the child. The child has almost mastered hygienic skills. The child continues to try to establish contact with other children, but s/he still does not use verbal communication for this purpose very much.**

It is enough for the child to participate in group activities of play. However, s/he can play alone with the participation of other children. S/he likes to draw, and s/he enjoys various didactic puzzles and games, which s/he is very good at. The child still **does not address peers or teachers, but s/he starts using more words in their replies to the teachers' questions**. It is becoming obvious that **the child has quite significant problems with speech**. S/he has problems pronouncing certain sounds, speaks very quietly and is very difficult to understand. The headmistress **recommends that the mother take the child to a speech therapist**. The child should attend regular sessions with the speech therapist. The mother agrees to this. They will continue to support the child's development depending on the progress and needs of the child.

Benefit.

The parents cooperate quite well with the headmistress and teacher whose class their child attends. They take part in consultation meetings and show an interest in the development of their child. The parents also attend events organized by the kindergarten. **The parents' participation in joint/group events organized by the kindergarten is beneficial** because the parents get to see their child in interaction with other children, and they can observe the child's behavior within the group. This way, they will gain personal experience with and awareness of where the child requires help and support. At the same time, by attending these events, the parents show their child that they are interested in what is happening in the kindergarten, the place in which their child spends most of their time. The parent's participation on the activities of the kindergarten fosters in the child the feeling that the parents take an interest in them.

Risks.

The main risks related to pleasant, open and effective consultations include the **parent's worries regarding the content and course of the meeting**. Therefore, it is suitable to create a pleasant atmosphere and to assure the parents that the proper development of their child is the common interest of the parents and the teachers, and to inform them about what areas of the child's development they are going to discuss.

Another risk is a **lack of time** on the part of the headmistress/teacher or the parents. Therefore, it is necessary to define not only the time when the consultation session will start, but also roughly how long it is going to take (e.g. half an hour).

The greatest risk is posed by **non-cooperative parent of parents who take a negative (“defensive”) approach** to some of the standpoints or recommendations made by the headmistress/teacher (for instance the suggestion to take the child to the pedagogical-psychological counselling center). It is vital to explain some procedures to the parents in a friendly, calm and patient manner and even repeatedly if necessary. It is necessary to assure them that they can take time to think about the proposed options, and that they can ask any questions at any time. It is also important to explain to the parents that the selected procedure is suitable mainly for the correct development of their child; however, you must always make sure that you do not exert any pressure on the parents. Give them time. Helpful approach of the headmistress/teacher will help you build trust with the parents, who will then be more likely to cooperate regarding the development of their child.

CONCLUSION

Communication between the kindergarten and the family forms an important part of pre-school education, as documented by the two examples of good practice outlined above. The quality of the communication influences the result of your child’s education. The more open the communication between the family and the school, the more willingness there is to listen and to see reality through the eyes of the other party, the more satisfied you, as parents, will be with the quality of education that your child receives. **If you have any doubts or objections regarding the work of the teachers in relation to your child, always discuss them openly with the teachers, never talk about these behind their backs.** Try to see the situation through the eyes of the teacher, talk about what is best for your child and try to find a common solution. The school and the family **have a common goal – the development of the child.**

Apart from good quality communication, what contributes to the development of your children is the professional attitude of the kindergarten teachers, and their ability to recognize and identify the needs of the children. Every day the teachers take a systematic interest in your child’s strengths, and they look for ways of supporting their weaknesses. To this end, they use information they obtained from you and share the results of diagnostic activity with you. Together, you can use consultation hours to look for ways of supporting your child’s development and preparing your child not only for primary school but for life in general.

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Annex 1:

Example of selected areas of development contained in PREDICT, the tool used to evaluate progress made by the child in kindergarten.

PREDICT

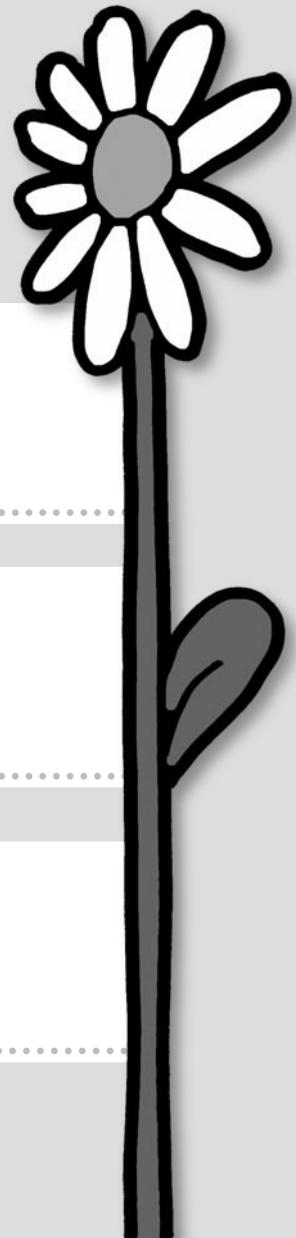
TOOL USED FOR
THE EVALUATION
OF THE CHILD'S PROGRESS
IN KINDERGARTEN

Child's Name:

Kindergarten Attendance Started:

Month/Year of Birth:

GSS Toolkit



Annex 2:

Possible Appearance of the Record from a Consultation Meeting with Parents 1

(A sample of an authentic questionnaire used in one of the kindergartens in the Czech Republic)

Consultation Meeting

Date:

Statement of the kindergarten teacher regarding the current state of the development of the child using records in PREDICT, or in other diagnostic materials:

Statement of the parents regarding the development of the child from their point-of-view, on how the child behaves at home, or on changes in the family etc:

The teacher's recommendations:

Conclusion:

Teacher's signature:

Parents' signature:

Annex 3:

Possible Appearance of the Record from a Consultation Meeting with Parents 2

(A sample of an authentic questionnaire used in one of the kindergartens in Slovakia)

RECORD

of a Meeting of the Teacher with the Parents (Legal Guardians)

Pupil's name class

DoB. Address

Legal Guardian Name Teacher Name

Justification

.....
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.....
.....
.....

Agreements Made

.....
.....
.....
.....
.....
.....
.....

.....

Parent's signature

.....

Teacher's signature

In Bratislava, date

GOODSTART TOSCHOOL

Work with the specialized team on the Good Start to School project gave birth to valuable documents that will be used in kindergartens not only by the teaching staff, but by the parents as well.

The content of the individual outputs is aimed at supporting the development of the child, and the outputs help teachers monitor results in pre-school education. They are also a suitable methodological material for beginning teachers, who can obtain from them information on pedagogic diagnostics, and using examples taken from practice, they learn how certain problems can be dealt with.

The Handbook for Parents is also a great material for the parents of two-year-old children who often worry about how their child will be able to cope with the start of kindergarten attendance, and about what they can expect from the kindergarten environment. The listed attributes of cooperation between the kindergarten and the parents will also undoubtedly contribute towards the overall understanding of the expectations of both parties for the benefit of the child.

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