



LEVELS OF FORMATION OF DIAGNOSTIC CULTURE OF FUTURE PRIMARY SCHOOL TEACHERS

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Abstract

The article provides information on the level of formation the diagnostic culture of future primary school teachers in the field of research conducted in students of primary education and sports education in higher educational institutions.

Keywords: diagnostics, culture, diagnostic culture, criteria, degree, primary school, future teacher, modeling, reproductive, productive, creative.

Introduction

The normative bases for the humanization of education in higher educational institutions of the Republic, the training of competitive primary school teachers, the improvement of the content of education on the basis of foreign experience have been created. The Action Strategy for the further development of the Republic of Uzbekistan identifies as a priority "further improvement of continuing education, increasing the capacity of quality educational services, continuing the policy of training highly qualified personnel in accordance with the modern needs of the labor market. " As a result, pedagogical conditions and didactic opportunities have been created for the formation of a diagnostic culture of future primary school teachers.

According to AF Anufriev, "Diagnostics is understood as a cognitive activity" as a special activity of cognition, in contrast to scientific knowledge. "The diagnostic process is largely based on scientific knowledge, but it is not a type of it.

Without denying the legitimacy of different approaches that reflect different aspects of the examination of the diagnostic process and share the positions of scientists such as KE Tarasov, SA Gilyarevsky, GI Saregorodsev, LN Davidova, Sh.Abdullaeva, Z.Azimova. , we call diagnosis "special activity" is a type of cognition aimed at revealing the essence of the events that characterize the internal state of the object and, first of all, the diagnostic features specific to this object. Comparing and identifying them, and then making a final diagnosis of whether the object belongs to a particular object, using the acquired knowledge, identifying the necessary practical





actions and measures already known in science, class, number, their adoption will ensure the overall development of the object.

In our view, this approach does not fully reflect the whole essence and content of diagnosis, which is a specific type of cognitive process. This includes monitoring, checking, evaluating, collecting, analyzing, identifying dynamics, trends, and providing information on further development of statistical data.

A prospective primary school teacher should not be limited to integrating diagnostic knowledge into himself. The teacher is required to carry out pedagogical mobility based on a cultural approach to the implementation of diagnostic activities.

The term "culture" is expressed in various senses in modern scientific literature. The terms "culture" and "kultura" have the same meaning in the opinion of experts, and in Latin mean "cultivation", "care". Later it was used in the sense of "being enlightened", "educated", "being educated". The term "culture", widely used in Uzbek, means "cultural - urban" in Arabic. If, according to the American culturologists A.Kreber and K.Klaskon in 1952, the definition of a cultural phenomenon is 164, in recent literature this number is more than 400.

According to Academician D.S.Likhachev, "a cultured person is a person who understands many things, and therefore strives for others, understands others," discovers "the spiritual life of others, enriched with works of art of different epochs and peoples."

Culture represents the normative requirements of society for all types of human activity. Therefore, the more human activity itself, the more types of culture. According to the functional-semantic analysis conducted on this basis, pedagogical culture in general is a specific type of professional culture as a reflection of society's requirements for the cultural level of people engaged in a particular professional activity.

In our view, if we assume that the diagnostic culture is a complex value-based, dynamic education carried out through the specific (diagnostic) professional activity of the teacher, we organize the diagnostic culture within the second area of activity (Author's interpretation).

Diagnostic culture should not be performed spontaneously. This process is effective in a number of observations. Pedagogical conditions for the formation of diagnostic culture:

- high level of diagnostic culture of teachers involved in the formation of diagnostic culture;
- active role of science teachers in the development of diagnostic culture;
- equipping with modern diagnostic materials;





- regular diagnostic procedures;
- availability of ideas at the stage of analysis of diagnostic results;
- directing family and school to the formation and development of a conscious person, self-development and self-determination;
- focusing on person-centered and activity-oriented approaches to developing a diagnostic culture;

As a result of experimental work in full compliance with the above pedagogical conditions, we described the level of diagnostic culture, depending on the degree of manifestation of certain criteria, indicators and characteristics of the diagnostic culture of future primary school teachers. We will look at the level of formation of each level of diagnostic culture of future primary school teachers.

Modeling degree. It is characterized by weak motivation. The use of diagnostic measures is determined on the basis of the requirements of the subject (special course, teaching practice). There is no personal interest and no need to obtain diagnostic information.

The student has no idea about the purpose of pedagogical diagnostics, no special knowledge about diagnostics, its levels, criteria and indicators, methods of diagnostic research.

Diagnostic skills are not formed. However, in the process of student professional and pedagogical preparation, diagnostics itself can be formed without taking into account other skill groups or individual abilities - analytical, constructive, prognostic, research, monitoring and evaluation, design, which include similar diagnostic actions. The student cannot formulate the diagnostic goal independently. Because it cannot separate the diagnostic function from the pedagogical diagnostic state. He often plans to make a diagnosis based on intuition or on a sequence of actions based on the teacher's direct instructions. The choice of diagnostic object is determined by itself or by the student's available diagnostic tools and operational actions formed in the course of professional training. There is no clear understanding of the expected outcome of the diagnosis and the pedagogical impact on the diagnosed object.

The student can choose the pedagogical diagnostic tool that meets the diagnostic object, goals, conditions only with the direct assistance of the teacher or classmates. The collection of diagnostic data is more or less conscientious, but it requires ready-made algorithms when performing diagnostic procedures. He cannot determine the cause-and-effect relationship independently.

The diagnostic conclusion is based on a template or model - ready-made conclusions prepared by other students. The work is formal, so the pedagogical diagnosis is incomplete, does not correspond to the actual condition of the diagnosed object, the





conditions of the diagnostic condition in which the diagnostic problem is solved. There is a discrepancy between the findings of the diagnostic studies and the objectives of the methods used; the interpretation of the results is incomplete and does not reflect the true content of the empirical data.

The student does not understand the appropriateness of the actions taken, does not plan to use the results of the diagnosis in subsequent professional and pedagogical activities. It organizes diagnostic activities on the principle of “done and forgotten”.

Reproductive degree

The reproductive level of diagnostic activity of future primary school teachers is characterized by a greater degree of external motivation. The initiator of this activity is the teacher. Although the student knows the possibilities of pedagogical diagnostics as a means of increasing the efficiency of the pedagogical process and improving his professional activity, he has not yet formed a personal need for pedagogical diagnostics.

The student understands the purpose of pedagogical diagnostics and its tasks. Has a basic understanding of which source to refer to or which method to use to gather the necessary information? Can identify the object of pedagogical diagnostics on the basis of the pedagogical process and the needs of professional pedagogical activity. Experiencing difficulties in forming diagnostic tasks involves defining the purpose of the diagnostic activity.

The student faces significant challenges in independently planning an impending diagnosis. He does not seek to use fully prepared instructions from the outside (teacher, classmates). Action awareness is limited by low levels of diagnostic knowledge.

The student can independently select and apply diagnostic methods, even if he or she does so very slowly. The data collection allows for uncertainties due to insufficient understanding of the capabilities of the selected diagnostic tools, making it difficult to independently analyze and interpret the empirical data. It does not see a link between the intended outcome of the application of a particular diagnostic technique and the objectives of the diagnostic activity.

The reproductive nature of diagnostic activity is reflected in the limited use of the pedagogical diagnostic algorithm in memory and in solving simple diagnostic problems. The student has knowledge of the operations performed in the diagnostic process, but he is not able to perform all stages of the diagnostic activity independently. The diagnostic conclusion of such a student does not differ in sufficient completeness and depth.





According to the results of the diagnosis, the student does not fully determine the conditions for the optimal functioning of the diagnosed object. This is considered difficult in the development of diagnostic-based pedagogical recommendations. Although the student understands the expediency of pedagogical diagnostics as a future teacher, he is not ready to organize professional pedagogical activity on the basis of diagnostics.

Productive degree

The student feels the need for diagnostic activity. Because he clearly understands the role of diagnostics in the pedagogical process and in future professional activities. The appeal to diagnostics stems from the student's desire to master the teaching practice as fully as possible, to obtain high results of professional and pedagogical activity during the teaching practice.

Selects diagnostic techniques quickly and independently and collects diagnostic information according to the diagnostic goals and criteria of a particular object. The student can perform all the necessary actions and operations that constitute the essence of each stage of diagnostics.

The interpretation of empirical data is carried out in full, which clearly reflects the relationship of the results obtained with the objectives of diagnostic activities. The diagnostic report provided by the student contains a qualitative assessment of the current condition of the diagnosed object. Based on the results obtained, the student predicts the future situation and prepares recommendations for the correction and improvement of the object and identifies the means of pedagogical influence.

Creative degree

The highest level of diagnostics, which implies the availability of specialized diagnostic and general pedagogical knowledge.

The future teacher has a great theoretical interest in diagnostics, the need for pedagogical reality and self-study as a specialist through pedagogical diagnostics. Here, the internal motives of diagnostic activity are the student's curiosity, understanding of the new, confidence in the right direction of the search for solutions to pedagogical problems on the basis of diagnostics.

The student has a high level of diagnostic skills. Can formulate diagnostic goals independently, clearly, and consciously, and concretize them in tasks. It has developed a sense of responsibility for both the implementation of the diagnostic process and the results of diagnostic activities.





Activity planning is done at a creative level

The actions performed are fully conscious, have a logical basis, and differ in a specific sequence.

The student uses diagnostic techniques competently and purposefully, quickly gathers information. Demonstration of creativity in the student's own diagnostic activities is the creation of a new ready pedagogical diagnostic tool (tests, questionnaires, diagnostic cards); increasing intellectual activity is aimed at finding a specific way to solve the problems of pedagogical diagnostics.

The student, who conducts diagnostic activities at a creative level, solves pedagogical diagnostic situations quickly and independently, rationally combines efforts to apply diagnostic techniques, approximately predicts the activity of the research object. At the theoretical level, it develops recommendations for the practical application of pedagogical diagnostics.

It is obvious that pedagogical diagnostics as a department of pedagogical science has a worthy place in the qualification requirements of the new higher education created for the new generation today, and the pedagogical community pays due attention to the formation of diagnostic culture in training modern primary school teachers.

In our view, we believe that diagnostic culture should become a mandatory component of a teacher's professional training (regardless of specialization or direction of teaching) and a necessary and mandatory element of his or her professional activity.

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