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PEDAGOGICAL ASSESSMENT OF CHILDREN BY ADMISSIONS AND SELECTION COMMITTEES OF SPECIAL EDUCATION SCHOOLS

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ПЕДАГОГИЧЕСКОЕ ОБСЛЕДОВАНИЕ ДЕТЕЙ В ПРИЁМНО-ОТБОРОЧНЫХ КОМИССИЯХ ВСПОМОГАТЕЛЬНЫХ ШКОЛ

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Abstract. The article examines the goals, objectives, and content of the pedagogical assessment of children conducted by admissions and selection committees at special schools for children with intellectual disabilities. It analyzes key areas of child assessment, the role of pedagogical assessment in determining educational paths, and the importance of a comprehensive approach when making decisions regarding placement in a special educational institution. Attention is paid to the study of cognitive activity. The assessment of learning activity plays a significant role, as commission members analyze the development of reading, writing, and arithmetic skills, as well as the ability to comprehend instructions, complete tasks based on a model, and independently organize activity. Special diagnostic tasks are widely used to assess academic skills and cognitive processes. An examination of school records, teacher evaluations, and prior academic performance serves as an important source of information. Through this pedagogical assessment, specialists are able to determine a child's current level of development and forecast prospects for future education and social adaptation.

Аннотация. Рассматриваются цели, задачи и содержание педагогического обследования детей в деятельности приёмно-отборочных комиссий вспомогательных школ. Анализируются основные направления изучения ребёнка, роль педагогического обследования в определении образовательного курса детей с интеллектуальными нарушениями, а также значение комплексного подхода при принятии решений о направлении ребёнка в специальное образовательное учреждение. Особое внимание уделяется исследованию познавательной деятельности. Значительное место занимает оценка учебной деятельности. Члены комиссии анализируют сформированность навыков чтения, письма и счёта, способность воспринимать инструкции педагога, выполнять задания по образцу и самостоятельно организовывать свою деятельность. Широко применялись специальные диагностические задания, позволяющие оценить уровень сформированности учебных навыков и познавательных процессов. Важным источником информации служило изучение школьной документации, характеристик учителей и результатов предыдущего обучения ребёнка. Благодаря педагогическому обследованию специалисты могли не только определить уровень актуального развития ребёнка, но и прогнозировать перспективы его дальнейшего обучения и социальной адаптации.

Keywords: pedagogical assessment, auxiliary school, admissions and selection committee, special education, intellectual disabilities.

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Ключевые слова: педагогическое обследование, вспомогательная школа, приёмно-отборочная комиссия, специальное образование, интеллектуальные нарушения.

The development of the special education system in the 20th century was accompanied by the refinement of methods for identifying and assessing children with special educational needs. Admission and selection committees for auxiliary schools played a significant role in this process, conducting comprehensive evaluations of children to determine the most favorable conditions for their education and upbringing.

Selecting the appropriate student body for a special education school is one of the most challenging aspects of the practice of special education for children with intellectual disabilities. The difficulty lies primarily in the fact that admission and screening committees often struggle to clearly distinguish genuine intellectual disability from certain similar yet temporary states of a child's mental development. Yet, transferring a child to a special education school without sufficient justification can cause them undeniable harm by artificially stunting their development. That is why the guidelines on the enrollment of auxiliary schools quite rightly state that, "the proper selection of pupils for transfer from mainstream schools to auxiliary schools is a matter of state importance." According to the same guidelines, transfer to auxiliary schools is permissible only for children who are unable, under any circumstances, to acquire the knowledge and skills provided in a mainstream educational setting. These children must demonstrably require instruction delivered through specialized methods that address their distinct characteristics—characteristics that clearly set them apart from typically developing peers. Consequently, admission and screening committees bear the responsibility of ensuring that children who could succeed in a mainstream school, given the necessary supportive conditions, are not assigned to special education institutions. The admission of a child to a special education school is based essentially on two factors: a brain disorder suffered in early childhood and an inability to learn in a mainstream school. The former is diagnosed by a physician, the latter by an educator. Clearly, to justify transferring a child to a special education school, it is necessary to conduct a thorough assessment of each child referred to the commission, considering all the characteristics of the intellectually disabled child discussed above [1].

Pedagogical assessment constituted a system of measures aimed at a comprehensive study of a child's personality and educational potential. In the field of domestic defectology, it was regarded as an integral part of comprehensive diagnostics, which encompassed medical, psychological, and pedagogical evaluations.

Let us outline the general requirements that admissions and selection committees must follow in their work.

First and foremost, a holistic approach to assessment is essential. During the evaluation process, the educator seeks to gain a comprehensive understanding of the child's personality rather than limiting the assessment to specific functions (such as intelligence or memory). At the same time, attention should be focused on the child's positive capabilities, which can be leveraged during the processes of instruction and upbringing.

Another essential requirement for proper assessment is that the study be specific in nature. During the evaluation, it is necessary to carefully examine the specific conditions of the child's development and their individual characteristics. Studying the child involves analyzing their learning process and their mastery of academic knowledge and skills, as well as the difficulties they encounter in their school activities.

The assessment of a child should be conducted using material drawn from their learning and play activities, rather than artificial or abstract material. This concrete approach entails tailoring the methods and materials to the individual child. If, during the assessment, it becomes apparent that the

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child cannot complete certain tasks independently, assistance should be provided through demonstrations, explanations, or leading questions. This approach makes it possible to determine the child's immediate developmental potential, rather than merely assessing the knowledge and skills they possess at a specific point in time.

If a child can complete a given task with help from the educator, it is evident that the task is within their capabilities. Only this type of assessment allows us to determine how the child should be taught in the future.

The fundamental principles of pedagogical assessment were: 1. Comprehensiveness of the assessment; 2. An individual approach to each child; 3. Consideration of age-related and psychophysical characteristics; 4. Observation of the child during activity; 5. Objectivity and scientific validity of the findings.

The pedagogical assessment was not limited to identifying existing difficulties. Its primary objective was to uncover the child's developmental potential and determine the most effective approaches to their education [2].

A crucial and mandatory requirement for the commission's work is the comprehensiveness of the assessment. The pedagogical assessment conducted by the commission for admission to a special school must not be divorced from the medical evaluation. The developmental process of a child with intellectual disabilities is extremely complicated by the aftereffects of a past brain disorder. Therefore, without a physician's assistance, an educator cannot fully understand the structure of a child's impairment or analyze the significance of specific behavioral manifestations in relation to the child's physical condition. As I. P. Pavlov pointed out, it is necessary to move away from separating the psychological from the somatic. A correct assessment of a child's speech activity is crucial for determining their condition; therefore, the participation of a speech therapist in the evaluation panel is desirable. As the decree indicates, the screening of children for placement was "directed primarily against pupils who were underachieving or failing to conform to the school routine, with the aim of finding grounds to remove them from the mainstream student body." Our task is not to remove so-called "difficult" children from mainstream schools—as the pedologists did—but rather to ensure that no child is sent to a special education school if, given appropriate pedagogical and medical interventions, they could be educated in a mainstream school [7].

Key areas of pedagogical assessment: During the work of admissions and selection committees, the child's development was examined. First and foremost, the level of general development and the child's store of knowledge about the surrounding world were evaluated. Specialists analyzed the child's understanding of objects and phenomena in their environment, as well as their ability to establish cause-and-effect relationships and grasp basic patterns.

Attention was paid to the study of cognitive activity. The characteristics of perception, attention, memory, thinking, and speech were examined. A key indicator was the child's ability to generalize, compare, and classify objects. As a rule, the assessment was conducted using highly abstract, artificial material. When studying the child, the pedologist was interested only in what the child had mastered by the time of the assessment. Neither the child's developmental conditions nor their capabilities were considered. The pedologist disregarded the child's individual developmental characteristics. The standardization of the method was considered a guarantee of objectivity. Naturally, the processing of the assessment data was carried out without analysis; it was limited to a quantitative tally of the results. Such processing often amounted to nothing more than summing up disparate indicators.

The interdependence of the various factors influencing a child's development was not considered. Pedologists did not study the motives behind a child's activity, nor did they seek to understand its structure. They attempted to assign the results of assessments regarding specific mental functions — or isolated aspects of a child's activity — to a particular age, which was sharply

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demarcated from other age groups. Failing to grasp the patterns of development and the role of instruction in that process, pedologists focused on the child's ready-made answers without attempting to assist through demonstration or explanation. The examiner remained merely a passive recorder. Given this approach, it is hardly surprising that pedologists failed to accurately distinguish intellectually disabled children from other groups who simply provided an insufficient number of satisfactory answers; consequently, many perfectly normal children were classified as intellectually disabled. A child deemed "defective" was viewed as doomed and was excluded from the group of healthy children [2].

Admission and selection committees are established at the special education school. The committee chairperson is the school principal.

Committee members include: a special education teacher (defectologist), a mainstream school teacher, a neuropsychiatrist, a pediatrician, and a speech therapist.

Before admitting children, the school carries out extensive preparatory work. It is highly desirable for special education teachers — who serve on the admissions committee — to familiarize themselves beforehand with the children slated for transfer to the special school while those children are still attending mainstream schools. Their observations enhance the quality of the admissions committee's work and help avoid many serious errors.

Mainstream schools must be required to provide detailed profiles of the students they refer to admissions and selection committees. Along with the profile, the committee must be presented with the student's report card, their Russian language and mathematics notebooks, drawings, and other examples of their work. If the special education school has a neuropsychiatrist on staff, that specialist also carries out preliminary work to get to know the children prior to the committee meetings, such as interviewing mothers and gathering medical histories.

When necessary, the child is referred to a specialist — such as an otolaryngologist, an ophthalmologist, or a tuberculosis dispensary — and returns to the admissions committee with the specialist's findings. The admissions and selection committee reserves the right not to review the cases of children for whom medical history is missing or whose educational assessment lacks the necessary information.

The child must arrive at the admissions board accompanied by their mother or another person capable of providing detailed information regarding their developmental history. When making a diagnosis, the physician considers not only medical indicators but also all educational data obtained from mainstream schools and gathered by special education specialists who are members of the selection board. The number of children examined at each board session must be limited [3].

The examination procedure is as follows: all materials concerning the child are collected and prepared in advance. If medical history has not been gathered and the medical examination has not been conducted beforehand, these take place prior to the commission meeting (preferably in a separate room). In some locations, children referred from mainstream schools arrive accompanied by a teacher. Following the child's examination, the teacher receives the necessary instructions and clarifications. The mother is also asked to come in after the examination to hear the commission's findings and discuss the child's case.

During the educational assessment of the child, the mother and the educator (with whom the child studied) must be present, and a specific selection of books and visual aids—necessary for evaluating the child's level of knowledge and skills—must be available: 1. Cut-out alphabet set (letter kit); 2. Primers and textbooks for primary grades in mainstream and special education schools; 3. Children's picture books; 4. Pictures depicting individual objects; 5. Large, colorful narrative pictures; 6. Cut-up pictures (jigsaw-style); 7. Graphite and colored pencils, lined paper; 8. Visual aids for counting to 100.

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It is advisable to have at least a few toys that the child can manipulate independently.

The educator's work on the admissions committee consists of three stages: 1. Reviewing the documentation: medical/developmental history, educational profile, and the child's written work. 2. Conducting a pedagogical assessment of the child. 3. Participating in the analysis of all the committee's materials and the drafting of a conclusion regarding the child.

Familiarizing committee members with the documentation:

— The medical history is obtained by a neuropsychiatrist based on the mother's account. Gathering a medical history is not merely a matter of filling out a questionnaire. It is a purposeful, painstaking process of establishing a series of facts from the child's past that are essential for correctly understanding their current condition and clarifying the diagnosis. A medical history compiled for the purpose of placement in a special education school cannot be limited to medical data alone; it must also include... It presents a picture of the child's development and upbringing from birth, notes concerning issues raised by the nursery or kindergarten, and describes the child's interests and personality traits during the preschool years. Familiarity with the case history will facilitate the educator's task and help identify the key aspects requiring attention during the assessment.

— The pedagogical profile is a document of paramount importance in the process of selecting children for special education schools. No matter how thorough and expert the commission’s assessment of a child may be, it must be based on the pedagogical profile. It is only through the process of pedagogical work with a child that their abilities are most fully revealed. A commission cannot admit any child without a pedagogical profile.

The characterization must incorporate the teacher's observations of the child during school activities, revealing aspects of their personality, interests, difficulties, successes, and setbacks. It must also detail the specific pedagogical work undertaken with the child and the results achieved.

Evaluations that are limited to formal data and a listing of grades are considered unsatisfactory. The commission also takes no interest in assessments that — instead of offering pedagogical observations — present vague, unsubstantiated, imprecise, or sometimes implausible generalizations, such as "lacks memory", "consciously perceives nothing", and the like. Likewise, assessments limited to nothing incidental or trivial details offer no real insight. Sometimes, pedagogical evaluations list only a child's shortcomings. Such assessments fail to help in understanding the child or in deciding which school they should attend [4].

The primary method of assessment is observing the child during specific activities—such as reading, writing, storytelling, looking at pictures, solving problems, playing, or engaging in manual tasks. By observing the child's activity, we not only gather facts but also analyze them. One should by no means rely solely on conversation; conversation should be used only in conjunction with the child's activities. During the interview, the child often withdraws; the child's suggestibility and speech impairments complicate the conversation and, in some cases, hinder the examiner from accurately assessing the child's capabilities. A significant portion of the process is devoted to evaluating academic performance. Commission members analyze the child's proficiency in reading, writing, and arithmetic, as well as their ability to comprehend the teacher's instructions, complete tasks based on a model, and organize their own activities independently. The commission members also assess the development of reading, writing, and numeracy skills, and the ability to independently organize one's activities. Equally important is the examination of the child's emotional and volitional sphere, behavioral characteristics, the degree of independence, and the ability to interact with peers and adults [9].

Preparation for the assessment (establishing rapport with the child). An educator serving on the selection committee must form a clear impression of each child referred to a special education school — both as an individual and as a student. Establishing rapport with the child is a prerequisite for a

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valid assessment. The child should feel at ease, and the assessment must in no way resemble an interrogation or an examination. If a child is inhibited, embarrassed, or bewildered, their responses will be haphazard; no matter how excellent the assessment method may be, it will not yield the desired results, and we will fail to gain an accurate understanding of the child's capabilities. Therefore, we attach particular importance to the preparatory phase of the assessment.

In children with developmental disorders, we often encounter various forms of inhibition that hinder communication. In some cases, this inhibition manifests as a general reduction in activity; such a child is listless and inactive. They require constant stimulation while performing a task. Sometimes, the child refuses to carry out the task altogether or even does the exact opposite of what is required. Such phenomena are frequently observed in children who have suffered severe organic disorders of the central nervous system. A child may appear profoundly intellectually disabled and unteachable, whereas an appropriate, individualized pedagogical approach can reveal that their intellectual capabilities are, significantly higher than initially perceived [6].

Children with motor or speech impairments—as well as those who are aware of their own limitations—often appear inhibited and withdrawn; they may refuse to perform tasks and respond to questions with "I don't know" or "I can't do it." The educator must make every effort to determine what the child actually knows and can do. Certain categories of children are characterized by heightened fatigability, extreme slowness, and difficulty shifting attention. The examiner's task is to understand the child's condition and take it into account during the assessment process, considering the child's individual characteristics as they emerge both during the preliminary phase of the examination and while evaluating the child's various forms of activity.

A child who has suffered from a brain disorder may exhibit significant reactive neurotic overlay. Consequently, an injudicious approach to the child can disrupt further examination and distort the data obtained. For instance, there are children who, if left to their own devices, become self-conscious and flustered, and try to leave. Such children should be engaged in a task from the very beginning; only then should they undergo further examination.

At the same time, there are children who initially resist any kind of task. Such a child can be left alone for a while, with the examiner pretending not to pay attention to them. Creating favorable conditions for the assessment depends on various factors: the details of the setting, the range of aids and toys, the examiner's manner of interaction, the timely presentation of materials, and much more.

The sequence of the assessment is also of great importance and should be tailored to the individual. For instance, a child with learning difficulties might be asked to read only after a trusting and positive relationship with the examiner has been established; otherwise, the child might fail to produce the expected results in other types of tasks as well. At the beginning of the assessment, one should not demand answers to questions, retellings, or the like from a child with a speech disorder; instead, one should provide tasks that do not require verbal output and aim to foster a desire in the child to speak (play is very helpful in this regard) [6].

Children with developmental abnormalities often exhibit asthenic traits—such as timidity, indecisiveness, and a lack of self-confidence—stemming from both the aftereffects of a brain disorder and a prolonged history of failure at home and at school. To elicit their best possible performance, it is essential to begin by assigning tasks they can successfully complete. Performing tasks that foster a sense of achievement has a calming and encouraging effect. It is crucial to identify what sparks the child's interest and engages their emotions. A negative result obtained during specific tasks requires further verification. It is possible that the chosen assessment method was unsuitable and failed to reveal capabilities the child potentially possesses. At the same time, it is essential to record any positive manifestations shown by the child. In cases where it is not possible to establish rapport with the child, it is best to reschedule the assessment for another day [5].

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Assessment of academic skills. When assessing a child during the evaluation process, close attention should be paid to the state of the child's academic knowledge and skills—primarily reading, writing, and arithmetic. The educator must bear in mind that the goal of the assessment is not merely to verify the mastery of material, but primarily to analyze the specific learning difficulties the child is experiencing.

Reading. Among the children referred to special education schools, a significant percentage have not mastered the reading process. The instances of failure to master reading vary widely, and deciphering them is not always easy. Difficulties may relate either to the mechanics of reading or to the comprehension of meaning. The development of reading skills follows a complex path comprising a series of sequential stages. When beginning to learn to read and write, a child often struggles with sound analysis. In many cases, the child experiences significant difficulty mastering syllabic reading and reading whole words. Memorizing letters can also prove challenging. For children with intellectual disabilities, the process of learning to read is—due to the specific characteristics of their higher nervous activity—hindered in most instances, and individual stages of instruction require considerably more time. Over a long period of schooling in a mainstream school, a student may master some elements of the reading skill while failing to master others. Furthermore, they may employ primitive reading methods depending on the complexity of the material being read.

Speech impairments, frequently observed in children with intellectual disabilities, also give rise to various difficulties. It is essential to carefully analyze each child's reading difficulties and determine their nature and causes. Beyond the mechanics of reading, the educator must assess whether the child understands the meaning of the words and sentences read, pays attention to shifts in stress and intonation, and is able to retell the material or answer questions about it.

When assessing reading skills, the following materials are essential: a set of movable letters (of the type used in first-grade classrooms) and various primers. It is often necessary to test a child's reading using both a familiar primer and one that is unfamiliar to them [8].

When analyzing a child's difficulties in learning to read and write, it is necessary to consider the following points:

1. Which of the child's difficulties can be attributed to the conditions of their schooling and upbringing (e.g., educational neglect, inappropriate teaching methods, or interruptions in schooling). When noting poor reading performance, teachers typically complain about: forgetting letters, difficulty with the reading process, and insufficient comprehension of the text. During the assessment, it is essential to consider all these factors to identify the true cause of the difficulties. A child often reads by guessing, relying on pictures, or reciting from memory. Shortcomings at an earlier stage of instruction lead to difficulties at later stages. Consequently, it is sometimes necessary to verify the child's firm grasp of the letters, even when they appear to be reading and writing. Attention must also be paid to how the child reacts to these difficulties and how they attempt to overcome them.

2. Writing and reading disorders (dyslexia and dysgraphia).

3. Are there other factors hindering the acquisition of reading skills (e.g., pronunciation deficits, hearing impairment, or visual impairment)?

4. Should the primary cause of the child's reading lag be sought in general intellectual disability? If the child's reading difficulties can be fully explained by other causes—without positing intellectual impairment—it becomes questionable whether a referral to a special education school is justified, particularly in cases where there are no other complaints regarding developmental delay. A definitive conclusion can be reached only by synthesizing all assessment data [2].

To assess a child's reading process, the following program may be proposed; it is by no means intended to be applied in its entirety to every child, but rather selectively, depending on what is particularly important to determine in each individual case.

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1. The child's attitude toward reading and their learning history: When did reading instruction begin, and where and with whom did it take place? Were there any difficulties? At what stage? What exactly were they? Does the child enjoy reading activities? Does the child enjoy being read to? (These questions are addressed through conversations with the teacher, parents, or the child; the remaining questions are answered by observing the child reading during the assessment).

2. Reading readiness: Ability to repeat a sentence; ability to identify words within a sentence.

3. Phonetic analysis (oral): Dividing a word into syllables; identifying the initial sound and individual sounds; repeating the sounds of a word in sequence.

4. Confidence and solidity of letter knowledge: Naming the letter; pointing to the letter when named; which letters are unknown? Which letters are confused? If only a few letters are known, which ones specifically?

5. Reading skills: Does the child read words they have memorized? Can they read a whole word or phrase?

6. Reading style: Letter-by-letter, syllable-by-syllable, or whole-word.

7. Reading errors: Failing to finish reading a word, skipping syllables, or guessing.

8. Reading fluency and comprehension: Connected reading; reading fluently; understanding individual words within a sentence; word stress, pausing at punctuation marks, and intonation; answering questions and retelling what was read or heard.

9. Alignment of the child's reading skills with the curriculum of their current grade level.

10. Writing: During the initial stages of learning to write, the precise functioning of the auditory analyzer plays a crucial role: Analysis of the sound composition of the word to be written; sequential identification of the sounds that make up the word; refinement of the sounds (transforming audible sound variants into distinct, generalized speech sounds).

In this regard, attention should be drawn to the following difficulties: 1. Inadequate analysis of the sound structure of words, difficulty memorizing letters, insecure knowledge, and the confusion of letters that sound similar (e.g., voiceless and voiced consonants) lead to writing errors. Alongside this, attention should be paid to difficulties in mastering the mechanics of writing related to the functioning of the visual analyzer. 2. Difficulty using lined paper, as well as problems with spatial orientation and directional awareness (e.g., mirror writing). 3. Difficulties in learning to write, manifesting as uncertainty in handling a pencil or pen, and irregularities or inaccuracies in movement (e.g., poor motor coordination, hand tremors). Such difficulties may indicate developmental deficits in the child's motor system [4].

It is also necessary to consider the child's general condition and fluctuations in their performance while writing. To identify the specific difficulties each child faces, one must observe:

1. The process of copying: How the child copies (e.g., whole words, letter by letter, pronouncing aloud); what causes difficulty during copying; the nature of errors and the level of self-monitoring; the impact of fatigue on writing.

2. Independent writing: Writing individual words and sentences; writing from dictation (pace, nature, errors); independent use of written language (ability to express a thought in written form).

Counting: The acquisition of counting skills in children with intellectual disabilities exhibits a few specific characteristics that distinguish them from children who struggle to learn to count but possess normal intelligence. Here, as in all other cases, the goal of the assessment is to identify the underlying causes. It is not uncommon for a child to be referred to the commission who supposedly knows how to count up to one hundred, whereas in reality, they lack a clear understanding of numbers even within the range of five [5].

A child with an intellectual disability often possesses many rote skills that are not linked to actual concepts. Verbal counting does not always correspond to the actual counting of objects. Along

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with a vague understanding of numbers, such a child often lacks a clear grasp of number composition and arithmetic operations.

When attending a mainstream school, a child with an intellectual disability attempts—at least outwardly—to imitate the actions of other children. Often, the child masters arithmetic operations through imitation and rote memorization without acquiring a conscious grasp of counting skills or understanding the meaning of the operations themselves. Therefore, when assessing the child, attention should be focused primarily on the following points: 1. Understanding of the number sequence (counting forwards and backwards; knowledge of numerals); 2. Understanding of quantity; ability to provide a required number of objects; 3. Understanding of number composition; 4. Understanding of numerical relationships (greater than, less than, by how much); 5. Understanding of arithmetic operations; 6. Applying counting skills in everyday life; counting money; 7. Solving examples and problems: planning the task, writing it down, and solving it; 8. Alignment of the child's knowledge and skills with the curriculum of their current grade level.

The assessment procedure is as follows: the child is first presented with material they have encountered at school, followed by material that is more accessible to their level of understanding. Attention is paid to the child's attitude toward demonstrations, explanations, feedback, and the pace of work. The use of various visual aids during the assessment is highly desirable. Observing these aspects helps to understand the child's motivations and the nature of the difficulties they encounter [9].

When assessing a child's school-related knowledge and skills, the educator aims not only to determine what the child knows and does not know, but—above all—to ascertain whether the child can work purposefully, focus attention on a task, navigate the material available to them, and overcome difficulties. Assessing only reading, writing, and arithmetic skills is far from sufficient. Mainstream schooling and the mastery of first-grade material require a certain level of intellectual development on the part of the child—a prerequisite for the learning process itself (involving comprehension, comparison, generalization, and other processes characteristic of cognitive activity).

The pedagogical assessment of children conducted by the admissions and selection committees of special schools constitutes a crucial element of the special education system. Its primary objective is to comprehensively study the child and determine the conditions best suited to their educational capabilities. The historical experience of these committees demonstrates the importance of a comprehensive approach to diagnosing children with special educational needs. Many principles of pedagogical assessment developed by domestic specialists in special education remain relevant within the modern system of psychological and pedagogical support for students.

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