

## PSYCHODIAGNOSTIC SERVICE OF A TEACHER- PSYCHOLOGIST IN PERSONALITY FORMATION

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**Abstract.** *In general, any psychodiagnostic activity within the framework of the support paradigm is an element of an integral process and acquires meaning and value only in conjunction with other elements, most often in conjunction with correctional and developmental activities. Undoubtedly, in a certain sense, psychological work in school is a vocation, but first of all, it is the result of special, high-quality professional training. It is unlikely that both the psychologist and the school today can hope for options that are close to the ideal.*

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Currently, we are witnessing the intensive introduction of psychology into the education system. Many educational institutions have their own psychological services, a huge amount of specialized literature is published, and numerous conferences are held on the work of psychologists in schools, boarding schools, and kindergartens. The profession is becoming widespread; appropriate staffing is required.

But not every psychologist today, working in a school, is ready to develop his work as an integral psychological and pedagogical system. Many either limit their activities to certain areas of work (only diagnostics and issuing general recommendations, only individual work with “difficult” people, etc.) or “drown” in a sea of school problems, turning into a psychological “ambulance”, specialists “on call”, mass entertainers or just teachers[1].

A psychologist must have significant serious professional and personal resources in order to implement psychological work in its holistic and consistent form.

You need organization and well-structured, trained thinking, developed observation skills. You also need high emotional potential, your own psychological sophistication, which allows you to get involved in solving other people’s problems without projecting your own. The list goes on. Undoubtedly, in a certain sense, psychological work in school is a vocation, but first of all, it is the result of special high-quality professional training. It is unlikely that both the psychologist and the school today can hope for options close to the ideal. Both will have to develop, accumulate new knowledge and ideas, and look for ways to cooperate, but with good will, an understanding of the greater meaning of the efforts being carried out, as well as some theoretical basis for joint work, the difficulties that arise can be eliminated[2].

Psychological work is part of the general pedagogical and educational process at school. It becomes truly meaningful and effective if it is mediated by appropriate pedagogical practice. We think that the ideology of support, like no other, allows us to combine the efforts of a teacher and a psychologist, since support is not only and not so much the method of work of a school psychologist. This is the goal and way of organizing the entire pedagogical process at school.

School applied psychodiagnostics. Diagnostic work is a traditional part of the work of a school psychologist, historically the first form of school psychological practice. Today it still takes up the lion's share of a specialist's working time. The reasons for this situation are obvious.

First, diagnostics is what a school psychologist, no matter what type of education he or she has received, is most and best trained to do.

Secondly, this is the most “presentable” type of psychological activity (something that can be shown, what can be used to report to the authorities) and the most understandable to the “customers” - teachers and parents.

Finally, diagnostics take so much time and effort from the psychologist to conduct, process and comprehend the results, because in most existing forms it is not suitable for use in a school situation, either technically or essentially. In most cases, both school and academic research psychologists find it difficult to carry out such work [3].

So, school diagnostic activities differ from traditional research diagnostics. It should take less time, be simple and accessible in processing and analysis, its results should be “translated” into pedagogical language. And the most important difference is in the goals and delivery of diagnostic work.

School psychodiagnostics aims to provide information support for the support process. Psychodiagnostic data is necessary: to compile a socio-psychological portrait of a schoolchild (describe his school status) to determine ways and forms of providing assistance to children experiencing difficulties in learning, communication and mental well-being to select means and forms of psychological support for schoolchildren in accordance with their inherent learning characteristics and communication, however, diagnosis and its data cannot and should not become an end in itself [6-7].

In recent years, works have appeared in the domestic literature that competently and constructively define the specifics of school psychodiagnostic activities. The analysis of these ideas allows us to set the principles for the construction and organization of the psychodiagnostic activity of a school psychologist in the following way.

The first is the compliance of the chosen diagnostic approach and specific methodology with the goals of school psychological activity (the goals and objectives of effective support). For us, this means that the technique used should identify precisely those psychological characteristics of the student, knowledge of which is necessary for his successful learning and development in the school environment.

This requirement is fundamentally important, but not easy. How to determine which features are significant and necessarily diagnosed during the learning process? We believe that in this case, the concept of the psychological and pedagogical status of the child can provide invaluable assistance, allowing one to determine the importance of certain mental properties and qualities of the student.

It includes the psychological characteristics of behavior, educational activities, communication, as well as the personal characteristics of the student, which significantly influence the process of learning and development at various age stages. The task of the diagnostic activity of a school psychologist is their timely study.

Thanks to the consistent implementation of this principle within the framework of our model, it is possible to limit the amount of diagnostic work as much as possible and subordinate it to the task. Diagnostics is becoming a truly applied school form of activity. We dwell on this point

in such detail because we know well, both from our own experience and from communication with colleagues, how easily diagnostic activity at school can become dominant and self-sufficient.

Secondly, the survey results must either be immediately formulated in a “pedagogical” language, or be easily translatable into such a language. That is, based on diagnostic results, a psychologist or the teacher himself can judge the causes of a child’s educational or behavioral difficulties and create conditions for the successful acquisition of knowledge and effective communication [9].

The implementation of this principle is also difficult, since most of the methods offered today on the “school psychological market” do not satisfy its requirements. A pleasant exception is SHTUR and its most successful modifications; such an attempt was made in relation to the Eysenck adolescent personality questionnaire; some motivational ones can also be mentioned questionnaires and questionnaires for anxiety. Most methods are so indirectly connected with the real life activities of the child that their results are practically useless from the point of view of support tasks.

Third, the predictive nature of the methods used, that is, the ability to predict on their basis certain features of the child’s development at further stages of education, and to prevent potential violations and difficulties. The most important question for a school practitioner, psychologist or teacher is how, based on diagnostic data, to plan the learning process so that it does not lead to various problems? Today we are practically unable to answer this question. Existing research methods capture the phenomenon of the current psychological state (today, at the time of the examination). A notable exception is the procedures used to determine a child’s readiness for school. Many of them make it possible to predict a child’s learning in the first grade (though, under other favorable conditions—contact with classmates, a teacher, a favorable family climate, etc.) [13-15].

Fourth, the high developmental potential of the method, that is, the possibility of obtaining a developmental effect in the process of the examination itself and building various developmental programs on its basis. In school practice, a psychologist in most cases is not interested in conducting a “pure” diagnosis that excludes the influence of contact with an adult on the results shown by the child. On the contrary, if a child suspected of mental decline during testing demonstrates interest, sustained attention, and the ability to accept the help of an adult and use it in the course of work, this is an invaluable fact for us. It is much more important than an accurate scale assessment of his intelligence. In addition, it is great if the technique can be used and modified for correctional and developmental work. And here again SHTUR demonstrates good capabilities.

Fifth, the cost-effectiveness of the procedure. A good school methodology is a short, multifunctional procedure, available in both individual and group versions, easy to process and unambiguous (if possible) in assessing the data obtained. However, the latter may be due to the presence of age standards, which does not always speak in favor of the technique. With regard to the age standards applied by the authors to their methods, two fundamental questions always arise: how were they obtained and is it necessary that non-compliance with the age norm for this indicator should lead to various psychological problems in the learning and development of the child? Rare methods can boast that they are ready to adequately answer these questions (for example, the famous Wechsler method) [17-18].

The first psychodiagnostic scheme is the diagnostic minimum. It is a comprehensive psychological and pedagogical examination of all schoolchildren of a certain level. The scheme is focused on identifying the socio-psychological characteristics of the status of schoolchildren, which significantly influence the effectiveness of their learning and development. The implementation of the scheme allows, firstly, to identify a group of schoolchildren experiencing pronounced difficulties in learning, behavior and mental well-being in the school environment, and secondly, to determine those specific features of the cognitive, emotional-volitional and personal sphere of all schoolchildren of the surveyed parallel, the knowledge of which is necessary for successful support.

The first include, for example, a high level of personal or school anxiety, poor development of certain cognitive processes and skills (voluntary attention, formation of the most important mental actions, etc.), signs of social maladaptation in behavior and communication, etc. (we will talk about this in detail will go below). The second includes mental performance and the pace of mental activity, features of the student's system of relationships to the world and to himself, etc. [3].

The diagnostic minimum is the main psychodiagnostic scheme within our model of school activities, which is determined by a number of its features and capabilities.

First of all, the diagnostic minimum is of a differential nature - it allows us to conditionally divide the entire examined group of children into two subgroups - "psychologically well-off" children who have their own characteristics of mental and personal development, which have not currently led to pronounced problems of learning, interaction and well-being in school environment, and children "with learning and development problems" (what we mean by problems in this case will be discussed below, in the chapter devoted to the content of psychodiagnostics in school). This fact is fundamentally important from the point of view of the sequence of further professional actions of a psychologist in relation to a particular child. Further, this diagnostic scheme allows us to cover all schoolchildren of a certain parallel. Its timing is associated with the most difficult periods of a child's school life: entry into school (grade 1), transition to secondary education (grades 3-5), the most acute period of adolescence (grade 8), preparation for leaving the school environment (grade 10). -Grade 11). This fact makes the information obtained during the survey the most significant [4].

It is also important that the diagnostic minimum is a longitudinal examination: it allows you to track the dynamics of the development and condition of the student according to certain fixed status characteristics throughout the entire process of schooling.

Let us also note the organizational features of this diagnostic scheme. The minimum is planned by a psychologist and the school administration at the beginning of the year as part of the school curriculum, carried out by teachers and a psychologist, and consists mostly of expert questions from teachers and parents. Express diagnostic examination of children and adolescents themselves is kept to a minimum and is carried out using complex techniques. An exception is the examination of children entering school, in which most of the information is obtained by examining the future students themselves.

Finally, the diagnostic minimum serves as the most important mechanism that triggers the implementation of two other psychodiagnostic schemes in relation to children with certain types of learning and development problems. If problems are identified that indicate possible mental development disorders, Scheme 2 is implemented - differentiation of norm and pathology, in the

case of learning and development problems unfolding against the background of intact intelligence - Scheme 3 - an in-depth examination of the student's personality.

The second diagnostic scheme is the primary differentiation of normal and pathological mental development of a schoolchild. Let us note that we are talking specifically about primary differentiation. The school psychologist is not authorized by us to establish the type of violation identified, or to make a pathopsychological or psychiatric diagnosis. The task of a school psychologist is to answer, as accurately as possible, the question of whether a given child's problems are related to his mental developmental disorders. clinical nature. If the answer is positive (here we again involuntarily touch upon the procedural aspects of the activity), the school psychologist performs a dispatch function, forwarding the request to the right specialist [21]. In addition, the implementation of this scheme applies, first of all, to requests related to alleged mental development disorders of the child, and concerns, accordingly, schoolchildren of primary school age and partly early adolescence. As for other mental development disorders, the main form of work of a school psychologist will be the control room in combination with counseling and psychological support for teachers and parents.

A narrowly defined professional task allows us to limit the scope of diagnostic activity in this direction. Obviously, a school psychologist can limit himself to carrying out express methods that have a differentiating nature - dividing the norm of mental development, mental retardation and mental retardation.

Today, when parents have the opportunity to choose a school for their child regardless of his level of psychological readiness and the presence of intellectual problems of varying degrees of complexity, the importance of such diagnostics seems to be increasing. However, it seems to us that in this situation it is necessary to very clearly define the tasks of such differential diagnosis. Since this child will still need to be taught, is it really important to know exactly the nature of his intellectual defect? Apparently, only if this helps in determining ways and means of pedagogical and psychological assistance. This, in our opinion, should form the basis of the diagnostics carried out - not making a specific diagnosis, but determining the most effective methods of providing assistance and accompanying him in the process of schooling.

The third diagnostic scheme is an in-depth psychological examination of the child. It represents the activities of a school psychologist in relation to children:

- with an alleged internal psychological conflict, to understand the causes and find a solution to which it is necessary to obtain additional psychological information;
- with characteristics and problems in the cognitive sphere (within the age norm of mental development).

This scheme, as a rule, is launched either based on the results of a rapid diagnosis carried out in relation to children from the "psychologically disadvantaged" group, or at the request of parents or teachers. Such diagnostic activity is in most cases individual in nature, is implemented using rather complex techniques and requires significant time expenditure for both the psychologist and the student. Hence the high requirements for the selection of test and other diagnostic procedures and for the very justification of the need for such an examination. As for the procedures, they should be as multifunctional as possible and clearly follow the purpose of the work - identifying the zone and content of the conflict, searching for the student's personal characteristics that provoke internal and external conflicts, or the characteristics of his cognitive activity [7].

This formulation of the question seems to us particularly important, not only from the point of view of saving time. The tasks of a school psychologist cannot and should not include a study of the student's personality that goes beyond the scope of support tasks. If a child is a successful student and his psychological status is within the criteria of school well-being, conducting any additional examinations (and any examination in itself is a powerful psychological impact) seems unethical.

Within the framework of this model, the implementation of an in-depth examination scheme is preceded by the mandatory formulation of a hypothesis about the possible causes of the child's existing problems. In most cases, such a hypothesis can be put forward on the basis of data from the diagnostic minimum, conversations with parents and teachers, and interviews with the student himself. The hypothesis put forward greatly facilitates the examination, since it allows us to limit ourselves to testing certain assumptions, which reduces the number of diagnostic procedures and makes the psychologist's work more meaningful.

As we noted above, the diagnostic work of a psychologist in a school can be presented as a single process. Two main situations can "start" diagnostic work: conducting a routine examination according to the diagnostic minimum scheme and a request from parents or teachers (much less often from the student himself).

That is, based on the results of the diagnostic minimum, groups of "psychologically well-off" schoolchildren and schoolchildren with learning and development problems are identified. Also, based on the results of checking the validity of the teacher's or parent's request, the child either belongs to the "problem" category, or the psychologist's work is focused on counseling the authors of the request themselves and solving their problems.

Further, for each student from the "problem" group, a hypothesis is put forward about the origin and causes of existing psychological difficulties. In accordance with the hypothesis put forward, a certain type of further diagnostic examination is implemented. Schoolchildren who are characterized by diagnostic results as "psychologically well" are not examined until the next scheduled examination. The exception is situations of a reasonable request on their part or on the part of parents and teachers.

In general, any psychodiagnostic activity within the framework of the support paradigm is an element of a holistic process and acquires meaning and value only in conjunction with other elements, most often in conjunction with correctional and developmental activities [11].

The psychological service of a school is a specialized unit in the public education system, the main task of which is to provide conditions conducive to the full mental and personal development of each child, the violation of which interferes with the timely implementation of the age-related and individual capabilities of students and leads to the need for psychological and pedagogical correction.

The activities of the school's pedagogical service are carried out by a practical psychologist working in an educational institution (kindergarten, school, vocational school, orphanage, boarding school) or in a psychological office at the department of public education, which provides advisory assistance to all educational institutions in the region.

The main areas of activity of the school's pedagogical service are psychoprophylaxis, psychodiagnostics, development and psychocorrection, psychological counseling.

In the most general form, the task of a psychologist at school can be defined as psychological support for pedagogical activities.

Thus, the conditions for the formation of pedagogical tasks depend on the successful work of the psychologist. Successful cooperation between a psychologist, parents and school teachers often leads to the desired results regarding the child's behavior.

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