

Education of Disabled Children in Preschool Establishments in Poland

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Abstract—The Ministry for National Education have implemented a number of legal solutions to meet the needs of children having functional difficulties in preschools, the needs of the children's parents and the broadly understood academic community, and to address the quality of education of children with various educational needs in Poland. The main objectives of the adopted solutions have been to include the children into their peer groups and to offer them comprehensive support. The solutions pertain to the organization and provision of psychological and pedagogical assistance, the organization of special needs education and an individual one-year obligatory preschool preparation and individual teaching. The underlying answer is to allow a diverse and flexible approach, suited to the needs of various children with special educational needs, to the organization of teaching and psychological and pedagogical support. This is all performed with a view to attaining a more individual-oriented preschool education for disabled children who can attend preschools but require all or some preschool activities delivered in an individualized form or in a small group (up to 5 children), following an individual educational-therapeutic program, due to the specific nature of their daily functioning. In the case of children who, due to their disease course or treatment, may not attend preschools, the ministry provides for an individualized education path based on an expert opinion issued by a public psychological and pedagogical counselling center. Worthy of special mention is the specific role of teachers who can most easily and accurately note the early symptoms of difficulties in children in the preschool environment.

Keywords—Child, Education, Kindergarten, Pedagogical support, Psychological support, Special educational needs.

I. INTRODUCTION

The teaching of the disabled in Poland is governed by the Act of 14th December 2016 - the Law on Education (J. of Laws of 11 January, 2017 Item 59) and regulations of the Minister for National Education which are the Law's implementing acts [1].

The documents determine that special education covers children and teenagers with a certificate (statement) of special needs education issued due to:

- disability (for children and teenagers: deaf, hard of hearing, blind, visually impaired, with a physical disability, including aphasia, with a mild, moderate or severe intellectual disability, Autism spectrum, including Asperger's syndrome, and multiple disabilities);
- social maladjustment;
- risk of social maladjustment.

A certificate (statement) of special needs education sets forth the recommended forms of special needs education taking into account the type of disability, including mental retardation.

II. SPECIAL NEEDS EDUCATION FOR PRESCHOOL CHILDREN

Preschool-age children may have special needs education delivered in the form of public and non-public mainstream preschools and preschool departments in elementary schools, preschools or integrated departments, preschools or special needs departments, other forms of preschool education, and in the following centers: special education and training centers, special education centers, revalidation and education centers. They give children with severe intellectual disabilities and children with multiple disabilities, one of which is an intellectual disability, an opportunity to complete their one-year preschool preparation in the form of a revalidation-education training, respectively.

Special needs education is not offered to preschool children due to social maladjustment or a risk of social maladjustment, for such disorders cannot be diagnosed at this age. Parenting or educational difficulties or behavioral problems that may occur in preschool children have a different basis and constitute the grounds for taking up actions as part of psychological and pedagogical support provided to children in preschools, another form of preschool education, or a counselling center. There are no special preschools or special departments in publicly available preschools for children with a mild intellectual disability.

Depending on the nature of the disability, including but not limited to the severity of mental retardation, children are offered education suited to their needs, giving them an opportunity to acquire accessible knowledge, improve distorted functions, revalidate, re-socialize and take advantage of professional care and counsel.

The program of preschool education is adjusted accordingly to children requiring special needs education to meet their individual developmental and educational needs as well as psycho-physical abilities. Such an adjustment is made pursuant to an individual educational-therapeutic program (IPET) designed for a child identified as having special educational needs and following any and all relevant recommendations. To do so, the preschool head appoints a team which determines the forms of psychological and pedagogical counselling, the duration and hours of such support provision, all incorporated in an individual educational-therapeutic program (IPET). The team is composed of teachers and professionals working with the child. The team work is coordinated by a child's preschool group's teacher or another teacher who is a professional conducting activities with the child, appointed by the head of

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preschool or by the management of another form of preschool education. At least twice per every school year, the child's functioning is evaluated by a multidisciplinary team. The review comprises an evaluation of IPET effectiveness (covering the whole structure of the program), i.e. also the outcomes of all the support provided. If the psychological and pedagogical support program proves insufficiently effective, the team modifies the program accordingly.

Some preschool education courses and activities are implemented individually or in a group of a maximum 5 children. In the case of children identified as having special educational needs due to a moderate to severe intellectual disability, or children with a certificate of special needs education issued due to multiple disabilities should one of them be a moderate to severe intellectual disability, no foreign language literacy classes are offered provided that IPET shows an inability to implement foreign language classes in view of the individual developmental and educational needs and physical and mental capabilities of the child.

Considering the diversity of disorders of children identified as having special educational needs due to autism, including Asperger syndrome and multiple disabilities, i.e. disorders related to one's functioning within a peer group, impairments in communication and information flow, behavioral disorders, impairments in play, sensory processing disorders, difficulties in decoding social behaviors and emotions, another way of receiving stimuli (such as sensory hypersensitivity), a third party (a guide, a partner) support is obligatory and as a consequence will help the child improve his/her functioning and participation in the life of preschool or another form of preschool education. Any such third party should: be able to recognize the developmental and educational needs of the child, be familiar with his/her individual behavior patterns, establish relationships and direct child's attention in an accurate manner, respond to his/her behavior in a correct manner, sometimes anticipate such behaviors, counteract difficult behaviors, properly organize one's space, contribute to cooperation, effective learning and focus, actively participate in the development of an individual educational-therapeutic program (IPET) and a multidisciplinary review of child's functioning, cooperate with the child's family, build an understanding, exchange information aimed at a unification of educational effects with the family, offer help to children with respect to new activities or tasks, reinforce required behaviors and skills, and stop supporting when they have been interiorized.

The person responsible for the implementation of the recommendations set out in the certificate of special needs education, and thus the organization of special needs education, is the head of preschool or the management of another form of preschool education [2], [5], [9], [11], [16].

III. PSYCHOLOGICAL AND PEDAGOGICAL ASSISTANCE – COUNSELLING

On the basis of a diagnosis, opinion, or a certificate (statement), preschools organize access to psychological and pedagogical support relevant to the needs diagnosed in children.

Psychological and pedagogical assistance (counselling) provided to the child in preschools involves satisfaction of the child's developmental and educational needs, and recognition of his/her individual psycho-motor capabilities and environmental factors affecting his/her functioning in the preschool environment, in order to support child's developmental potential and create conditions allowing his/her active and full participation in the preschool life and community.

Psychological and pedagogical assistance covers all children in need – not only the children with a disability statement or an opinion of a counselling center. Above all, psychological and pedagogical assistance is provided to:

- children identified as requiring revalidation and educational classes/activities,
- children identified as having special education needs: disabled, socially maladjusted, at risk of social maladjustment,
- children identified as requiring an individual one-year mandatory preschool preparation but whose health condition prevents them from or significantly impedes their preschool attendance,
- children identified by a psychological and pedagogical counselling center as:
 - having child development early support needs,
 - requiring psychological and pedagogical support,
 - having specific learning difficulties,
 - requiring adjustment of educational requirements,
 - requiring help in the form of an individualized path for the implementation of compulsory preschool preparation,
 - having the need to postpone the start of compulsory education,
- children not having a certificate/statement/ opinion but who require such support (on the basis of a diagnosis conducted by the preschool), for instance, diagnosing the child with:
 - developmental disharmony,
 - learning difficulties,
 - behavioral or emotional disorders,
 - competence deficits and language skill disorders,
 - risk of developing specific learning difficulties or difficulties resultant from a chronic disease, critical or traumatic situations, educational failures, community/environment negligence, adaptation to a new community/environment.

Support is provided on the initiative of:

- child's parents, family's assistant, court-appointed guardian,
- head/principal, teacher, professional or teacher's assistant,
- nurse,
- counselling center/clinic,
- social worker,
- non-governmental organization, other institution or entity dedicated to the family and children.

Psychological and pedagogical support in preschool is provided to children by teachers and professionals completing psychological and pedagogical assistance tasks, above all by:

psychologists, counselors, speech therapists, career advisors and pedagogical therapists, in cooperation with pupils' parents, counselling centers, including specialist centers, teacher training centers, other preschools, nongovernmental organizations, other institutions and establishments dedicated to the family and children.

Teachers assist children autonomously, during their everyday work with children, by integrating the actions of both teachers and professionals. Such support may be provided in the form of an individualized path for the implementation of compulsory preschool preparation in the case of children who require adjustments in the organization and the process of teaching due to functional difficulties and inability to complete all activities together with the rest of the children (this refers to preschools that are no special preschools).

Professional employed with preschools, among others: psychologists, counselors, or any other therapists running therapeutic classes, aid children everyday by performing specialist activities:

- corrective-compensatory activities for children with developmental disorders or deficits, including specific learning difficulties – in a group of up to 5 pupils;
- speech therapies for children with competence deficits and language skill disorders – in a group of up to 4 pupils;
- developing emotional and social competencies in children showing difficulties in social functioning – in a group of up to 10 pupils;
- other therapeutic practices for children with developmental disorders or deficiencies, with problems with functioning and active and full participation in the preschool life – in a group of up to 10 pupils, such as a psychological therapy.

Classes and other activities conducted in the form of psychological and pedagogical assistance are the major forms of didactic and educational work of preschools and they are offered within the set didactic hour limit, i.e. the 40-hour working time. One hour of psychological and pedagogical support class is 45 minutes long (one hour of professional's work is actually 60 minutes but 45 minutes is the duration of the class for the child). If justified by the child's needs, the times can be reduced or extended provided that the total of weekly hours remains unaltered. A counselor, speech therapist, career advisor, pedagogical therapist or another professional employed with the preschool runs an alphabetic register of children, wherein the following data is included: children's names, the symbol of a department/establishment they attend, emails and phone numbers of children's parents, if any, individual programs developed for the children and, in the case of group work, a group work program, a weekly schedule, dates and durations of classes/activities, themes/subjects/activities performed on individual days, including information regarding any contacts with allied persons and institutions, progress evaluation, conclusions regarding further work with children, children's attendance, and signatures confirming completion of classes/activities. Furthermore, preschools record all examinations/analyses/studies and supplementary activities conducted, above all, by the counselor, psychologist, speech therapist, career advisor, pedagogical therapist, physician, or another specialist, and regarding the children

receiving psychological and pedagogical support, and collect the records in separate folders.

The use of psychological and pedagogical support is voluntary and free of charge [3], [4], [7], [11].

IV. CHILD DEVELOPMENT EARLY SUPPORT

Child development early support teams may be created in public and non-public preschools, including special preschools, other forms of preschool education, special education and training centers, special education centers, revalidation and education centers and psychological and pedagogical counselling centers, including specialist counselling centers, in order to stimulate the child's psycho-motor and social development, from the moment a disability is detected until the beginning of school education, conducted directly with the child and their family.

Early child development support team is appointed by the head of preschool, another form of preschool education, center, counselling center (working directly with the child and his/her family) who is also a team coordinator, or a teacher authorized by the head.

The team comprises of persons prepared to work with small children with psycho-motor development deficits:

- a counselor qualified to approach all types of disabilities (specifically an oligophrenopedagogue (educator of the intellectually disabled), a surdopedagogue (educator of the deaf), a typhlopedagogue (educator of the visually impaired)),
- a psychologist,
- a speech therapist,
- another specialist – depending on the type of needs of the child and their family.

The professionals the team is composed of have the following duties:

- Establishing, on the basis of the diagnosis of the level of functioning of the child included in the opinion on the need for early support for the child's development, the directions and schedule of actions towards the child and support for the child's family, taking into account the development of the child's active participation in social life, as well as elimination of environmental barriers and limitations hindering the child's functioning;
- Establishing cooperation with:
 - a) preschool, another form of preschool education, preschool department of the primary school attended by the child, or other entities where the child receives therapy, in order to ensure the consistency of all actions to support the child's development;
 - b) therapeutic facility – in order to diagnose the child's needs resulting from their disability, to provide the child with medical and rehabilitation support and recommended medical devices, as well as advice and consultations on supporting the child's development;
 - c) social care center – in order to provide assistance to the child and his or her family, according to their needs;
- development and implementation of an individual early intervention program for the child and their family, including activities to support the child's family in the

implementation of the program and coordination of activities of the child's trainers;

- assessing the child's progress and difficulties in functioning, including identification and elimination of environmental barriers or limitations hindering their active participation in social life;
- analyzing the effectiveness of assistance provided to the child and their family, introducing changes to the program according to the needs of the child and their family, planning further actions in the field of early intervention.

Child Development Early Support (CDES) consists in stimulating the psycho-motor and social development of the child from the moment of detection of the disability until the child commences school education. The scope of this impact may vary, depending on the developmental deficits diagnosed by the developmental specialists. It may include:

- improving mobility;
- development of speech and other means of communication;
- improving the sense of sight and hearing;
- multi-sensory stimulation;
- training in self-care skills and social functioning in a group.

Opinions on the need for early child development support are issued by adjudicating teams operating in public psychological and pedagogical counselling centers, including specialist counselling centers on the basis of a multi-profile assessment of the child's development.

The assessment of the child's development is a diagnosis of functional skills, aimed at a detailed determination of the level of the child's functioning in the following areas: sensitivity – susceptibility to stimuli, cognitive processes (visual and auditory perception, attention, association), motor skills (gross – ability to move, fine – ability to grasp, hold objects and manipulate them), socialization, language – speech and determining the child's closest developmental possibilities. It is based on developmental schemes presenting typical behaviors of a healthy child.

On the basis of the evaluation, a multi-profile improvement program is developed, setting out in particular:

- the method of implementation of developmental objectives aimed at improving the child's functioning, strengthening their participation in social life and preparation for school education, elimination of environmental barriers and limitations hindering the child's functioning – their active participation in social life included;
- supporting the child's family in the implementation of the program;
- the scope of cooperation with other entities, if necessary,
- how the child's progress is assessed.

The program should be formulated in a transparent manner, have clearly defined tasks and objectives to be achieved; also, it should include a procedure for their implementation. The improvement program assesses the child's progress. It includes the tasks which will be performed, developed and enhanced with new activities. The introduction briefly presents the reason, background and indispensability of each action point. The program contains a description of the task (procedure); the performance of the tasks should be attainable by a real child.

The team documents in detail the activities undertaken under the program, including the child observation sheet containing:

1. Child's name;
2. The reference number of the opinion (statement) on the child's need for early childhood support and its issue date;
3. Evaluation of the child in the scope of: gross and fine motor skills, perception, communication, emotional development and behavior;
4. Evaluation of the child's progress and difficulties in functioning (including the identification and elimination of the environmental barriers or limitations hindering their active participation in social life);
5. Information regarding individual activities implemented within the framework of early support.

The program is carried out with a small child when providing care, during self-care or play. All plays stimulate the development of communication skills, deepen social bonds, practice various sensory functions: hearing, vision, smell, touch. The plays are both intense and relaxing; they motivate children to share and listen; develop and educate perceptiveness, responsiveness and imagination. They stimulate the ability to express self through speech, facial expressions, gestures and motor skills. They force a frequent repetition, which is necessary when playing together. Thus, the child experiences a certain regularity, practicing and developing their basic skills. When playing with the child, elements of many therapeutic methods are employed.

The classes are conducted individually with the child and their family in order to develop social and communication competencies that make children ready for their social lives. CDES activities may be conducted in a group, with the participation of children's families or other children under the early support program, but the number of children in the group may not exceed three. CDES may be implemented in preschools or other forms of preschool education, in centers and in a public and non-public psychological and pedagogical counselling center, including a specialist one – if they are able to implement the indications contained in the opinion on the need for CDES, including in a family-run foster home, especially for children below 3 years of age.

The activities within the framework of CDES are organized on a 4- to 8-hour a month basis. The number of hours of classes per month shall be determined by the head of the institution, and in the case of another form of preschool education provided by a legal person not being a local government unit or a natural person – a person in charge of another form of preschool education, depending on the child's needs and psychophysical abilities specified by the team. In the cases justified by the needs of the child and their family, with the consent of the authority in charge, the monthly number of hours of classes within the framework of early support may exceed 8 hours [8], [12, p. 10-21], [15, p. 306-308].

V. INDIVIDUAL OBLIGATORY ONE-YEAR PRESCHOOL PREPARATION

The children who can attend preschool, but due to their health condition cannot carry out all preschool activities

together with the preschool group and require adaptation of the organization and teaching process to their special educational needs, are provided with individualized implementation path of mandatory one-year preschool preparation.

The inclusion of forms of psychological and pedagogical assistance in the offer of implementation of individual mandatory preschool preparation is consistent with the fundamental task of the preschool, namely creating the educational environment where, regardless of diverse needs and psychophysical possibilities, each participant of the preschool community will develop their potential and achieve success when provided with individualized support.

Apart from the children achieving educational objectives (including those covered by psychological and pedagogical assistance), it is also important to create conditions in educational institutions which would facilitate their building a sense of belonging to a peer group through joint learning and play, implementation of projects, cooperation within a group and performance of various roles, mutual assistance and taking actions for the benefit of others. The form of psychological and pedagogical assistance – an individualized path for the implementation of compulsory preschool preparation – responds to both the developmental and educational needs of those children who, having significant difficulties in preschool functioning, may reduce or eliminate them in the preschool area in a two-way process: as part of group activities – integration with their peers – and individually – with a teacher. One of the significant conditions determining the participation in this kind of classes is health condition, precluding learning in preschool. Those children will not be excluded from peer environment, what happened when this form was missing and when similar cases were qualified for individual one-year preschool preparation.

The adjustment of methods, forms and conditions related to adaptation of space to the needs of children, as well as specifying the period of executing individualized approach, the weekly number of individual classes (based on the recommendations contained in the opinion of the public psychological and pedagogical counselling center) will also optimize and intensify activities aimed at obtaining educational achievements (learning outcomes).

Consequently, following a discontinuation of the support within the framework of the individualized approach for the implementation of the one-year preschool preparation, the children will not have to re-adapt to preschool conditions as the process of integration and participation in the life of the group, establishing peer relations, and gathering experience in the field of learning, will not be disrupted.

Individual obligatory one-year preschool preparation is provided to children who cannot carry out all preschool activities together with a group due to difficulties in functioning resulting, for example, from the following:

- temporary or chronic illness,
- behavioral disorders, making performance of tasks in a large team impossible,
- social functioning disorders,
- other reasons, when previously implemented forms of support within the framework of psychological and

pedagogical assistance turned out to be insufficient due to individual developmental and educational needs and psychophysical predispositions of the child, e.g. slow pace of learning.

Providing the child with mandatory one-year individual preschool preparation requires a public opinion of the counselling center. It is a document which determines the need to cover the child with this form of assistance. The application for such an opinion shall be accompanied by documentation specifying the child's needs:

- 1) difficulties in the child's functioning in preschool;
- 2) the impact of the course of illness on the child's functioning in preschool and limitations in the scope of child's participation in preschool education classes together with the preschool group;
- 3) opinion of the teachers and specialists conducting classes with the child regarding the child's functioning in preschool.

Prior to the issue of the public opinion, the counselling center, in cooperation with preschool and child's parents, conducts an analysis of the child's functioning, taking into account the effects of psychological and pedagogical assistance provided by preschool so far.

The opinion indicates:

- 1) the extent to which the child cannot participate in preschool education activities or together with a preschool or school group;
- 2) actions which should be introduced in order to eliminate the barriers or limitations hindering the child's functioning and their active participation in the life of preschool.

A child covered by an individualized path in a particular preschool implements a program of preschool education with adjustment of methods and forms of their implementation to its individual developmental and educational needs as well as psycho-physical abilities, in particular the needs resulting from the health condition.

Classes of the individual one-year preschool preparation are carried out in the child's place of residence:

- a family home;
- an educational care facility;
- a foster family;
- a family-run foster home;
- a regional educational-therapeutic care facility.

Individual one-year preschool preparation classes are conducted by the teacher or teachers in individual and direct contact with the child.

The individualized path for the implementation of mandatory preschool preparation includes all preschool education activities carried out together with a preschool group and, individually, with the child. This requires the head to specify the weekly number of classes, taking into account the child's capabilities and ensuring the implementation of the core curriculum of preschool education, as well as adapting the preschool educational program, in terms of methods and forms of implementation, to the individual needs (including health) and psycho-physical abilities of the child [13], [14].

VI. TEACHER'S ROLE IN THE IDENTIFICATION OF DEVELOPMENTAL AND EDUCATIONAL NEEDS OF CHILDREN

Every preschool teacher is obliged to identify the individual developmental and academic needs of the child, his/her individual psychological and physical capabilities, and the environmental factors.

Individual developmental needs result, above all, from the stage of development of cognitive processes, emotional and social processes, and personality. Preschool teachers identify their current levels with respect to every child. The teacher ought to be aware of the fact that children at the same age may actually be at varied developmental stages, for example in the initial or a final phase of a given stage/stadium or in a transition period (between the consecutive stages), and that the components resultant from cognitive processes are developed over a number of years. Hence, it is essential to determine the child's individual developmental needs so that the requirements can be suited to the child's cognitive skills, the ability to process the reality, and so set the child can meet them. For instance, a child who is at the pre-operational thinking stage or in a transition period, approaching the operational thinking, may not be deprived of the possibility to manipulate or count using concrete objects.

Individual educational needs are related to the conditions created by the teacher for the child to fit the requirements specified by the core curriculum of preschool education, extended in view of the child's expectations associated with, among other things, the scope of the contents and actions the child is interested in. Against the background of one's individual educational needs, the strategy the teacher adopts when approaching a given child and the selection of adjustments made become the most crucial factors, especially when it comes to work organization and the teaching/learning forms and methods. In the case of a child who finds it difficult to master the reading techniques, the teacher may choose from the following groups of methods: synthetic, analytic, analytic-synthetic, or global, the basis of which is either a sound, a syllable, a word or a sentence. The first choice is not always the most effective and final one.

Individual psychological and physical abilities refer to the specific features of individuals which affect the process of learning in either a positive or a negative manner, i.e. the learning speed, endurance, attention span, motivation to learn, the attitude to problem solving, limitations resulting from chronic diseases, the dominant learning style, the type of intelligence (interpersonal or intra-personal), the ease or difficulty to form relationships, emotional control, etc. These individual abilities (or capabilities) require the teacher to develop a broad range of adjustments which call not only for the individualization of work with the child but also the personalization of one's learning.

Environmental factors stem from the fact that the child must function in diverse environments on an everyday basis. The factors which are related to the specific nature of the preschool environment, the peer group, and the group of the preschool staff and adults from the family environment, have a major impact on the child's all-round development.

For the identification of the above needs and abilities to be reliable, information to be collected must show the most comprehensive/complete picture of the child, the one which will demonstrate his/her competencies, typical patterns of behavior, strong points, aptitudes, interests and talents. Furthermore, they must expose any difficulties and deficits the child has that need to be reduced. A sound pedagogical diagnosis and the ensuing conclusions will ensure an appropriate selection of the following: the area which requires support, the forms of psychological and pedagogical support, the ways of organization, and the methods of work.

Among the numerous methods and techniques of getting to know another person, the most natural one in preschool is pedagogical observation, which is defined as "collecting data obtained by means of sensory perception without interfering with the course of the analyzed phenomenon" [10]. In the academic environment, pedagogical observation must be applied routinely during day-to-day work with the child in various educational situations and social contexts and in a number of layouts: Child – Child, Child – Group, Child – Teacher, Child – Parent, Child – Other preschool staff, Child – Stranger (e.g. a third party expert).

Information about children is collected during:

- didactic actions organized by the teacher as part of versatile activities on preschool premises;
- activities organized outside preschool premises (during walks, trips, sport competitions, practical actions in gardens/yards, activities in cultural and educational institutions etc.);
- activities initiated by the child (e.g. free play time, games in the preschool group, outdoors in the preschool playground, when taking up the activities of daily living (self-care activities), organizational activities, actions oriented at supporting, integrating, sharing one's interests etc.);
- theme meetings and events in the preschool group, official ceremonies organized for the whole preschool community, meetings with interesting people;
- activities included in the preschool's offer, developing one's talents and interests.

The fact that pedagogical observation is carried out from various perspectives (architectural, time, personal) and during diverse academic situations is crucial in the context of acquisition and unification of information about the child derived from a number of teachers and other preschool staff members. Therefore, observations conducted ought to be viewed as a diagnostic action of teachers, taken up every day and during every contact with the child, in order to record even the slightest signs which could indicate child's difficulties or progress.

In children who are to start elementary school education in a given school year, pedagogical observations are rounded up with an analysis and assessment of child's readiness to commence school education, the so-called preschool diagnosis. The diagnosis focuses on child's functioning and has regard for all developmental areas. It ought to account for, above all:

- with reference to child's socio-emotional development:

- showing independence – organizational, task, self-care activities,
- functioning within a group, including the establishment and formation of contact and relationships with peers and adults, team work,
- the degree of emotion identification and emotion control in a new or problematic situation;
- with reference to child's physical development:
 - the level of general motor functions (gross motor skills),
 - the level of dexterity (fine motor skills),
 - functioning of the senses,
- with reference to child's intellectual development:
 - the level of development of cognitive processes: thinking, attention, memory, perception,
 - the level of development of psycho-motor functions, i.e. visual, auditory perception, hand-eye-ear coordination,
 - communicative competencies, including: accurateness of articulation, inflexion, grammar and syntax in speech,
 - the level of mathematical reasoning;
- with reference to general knowledge:
 - information resources concerning natural and social phenomena,
 - interest in reading and counting.

The analysis of the findings of initial pedagogical observations (conducted at the beginning of the school year) constitutes the foundation for selecting children who require developmental deficit reduction and psycho-motor function development. Next, teachers devise corrective-supportive programs which consist of adjustments pertaining to work organization and form and method selection. The implementation of tasks resultant from these programs occurs when working with the whole group, in small teams, during individual one-child activities, ongoing work and when providing specialist forms of psychological and pedagogical support (in the case of intensified actions).

The final observation answers the question to what extent has the support provided translated into a reduction of difficulties and development disharmonies. The parents of children who are about to enter the first year of elementary education are handed in a written document – information about child's readiness to start school education, which includes child's strong points and difficulties noted with respect to:

- social skills and emotional resilience,
- mathematical skills and readiness to learn to read and write,
- motor functions and hand-eye coordination,
- independence,
- child's developmental needs, predispositions, talents and interests.

In addition to being knowledgeable about observations and the stages of child development, the teacher conducting observations must be reliable, observant, objective, have knowledge about the errors/mistakes which can distort the observation procedure and possibly lead to incorrect

interpretations of the observation findings. Among the most frequently occurring observation errors/mistakes are:

- narrowing the time or scope of observations, too little data,
- superficial and overgeneralizing notes,
- biased opinions, opinions of others,
- postponement of observations,
- drawing premature conclusions – assessing, labeling.

If the diagnosis and resultant supportive actions fail to produce improvement, the head of preschool, upon the consent of the parent, may apply for a diagnosis to be conducted by a public psychological and pedagogical counselling center [6], [7], [8].

VII. CONCLUSION

The analysis of the presented material demonstrates that the priority of preschools' actions is to strive to achieve a complete and real inclusion and integration of the disabled child with his/her peers, both via the provision of support to his/her development, individualization, and assistance during group activities, and through the removal of barriers and limitations to child's functioning in a peer group and participation in the preschool life.

With the intention to provide disabled children, and indirectly their parents, with support suited to their needs, the preschool the child attends may use assistance of institutions devoted to the protection of health, especially mental health, non-governmental institutions, institutions dedicated to the family and children, and psychological and pedagogical counselling centers.

All assistance and support provided to preschools and other establishments and psychological and pedagogical centers should be based on the analysis of a case-by-case preschool situation, address specific preschool's needs, cover the whole support process starting with: running a needs diagnosis, assisting with the implementation of any planned actions, accompanying the process of introducing changes, assessing results, and drawing conclusions for further work in collaboration with preschool.

Support should facilitate improvement of the level of achievements of disabled children and equality of academic opportunities, be based on the learning outcomes, above all, on the results of external evaluation and internal preschool assessment.

Treating parents as preschool's partners in the creation of optimal learning conditions for the child at home as part of individual preschool preparation will produce effective collaboration, support and assistance in the following relationship: child's family – preschool teachers. Additionally, it will contribute to an increase in confidence in teachers and guarantee a friendly atmosphere and the feeling of safety, both to children and their parents.

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