

## CHAPTER 7

### EVALUATING AND DIAGNOSING

#### 1. INTRODUCTION

Hansen (1982: 318) believes that all psychologists must be thoroughly acquainted with diagnosis before they can move to the terrain of therapy. In this connection, it must be kept in mind that all educative situations differ.

The functional educative activities of the educator and child are predisposed by their ways of living as well as by the meanings these participants in educating attribute to each other's activities.

Educative activities underlying a specific educative event must be identified so that the problem area can be determined and underlying factors can be highlighted. The results of the disharmonious dynamics of educating are seen in a child's behavior or in the symptoms he/she manifests. Thus, it is necessary to analyze the specific functional activities of the parents and indicate the relation between them and the child's disconcerting or unfavorable attribution of meanings.

"Drawing together all the information about a client and his/her situation as a basis for decision making is an important part of educational and vocational counselling" (Hansen [in English], 1982: 318).

From the viewpoint of educational psychology, the most important aspect of the diagnoser's task is to determine the essentials of the disharmonious dynamics of educating because they underlie the child's attribution of unfavorable or inadequate meanings. Here, for example, one thinks of feelings of anxiety, loneliness, or a lack of security which are manifested as the child's emotional or behavioral problems. If educative activities result in educative experiences by a child which are tantamount to him/her attributing inadequate or unfavorable meanings to them, they figure forth again in his/her inadequate or problematic behavior which indicates that the effects of the adult's educative activities can be "read" in the child's affective, cognitive and normative meanings which again filter into his/her behaviors.

However, one should never lose sight of the fact that the role of the educator in educating (guiding) does not have a parallel course to the role of the child (self-actualization). Thus, it is necessary to determine the role of the parents/educator and the child in educating if there is a search for factors contributing to the disharmonious dynamics of educating.

If a child is subjected to inadequate educating, this is either the result of the educator's inadequate guidance or a consequence of his/her own inadequate participation in terms of inadequate self-actualization, and his/her distress will be manifested in his/her general behavior. This manifested behavior usually is pedagogically unacceptable, and can appear as various symptoms as, for example, behavior or learning problems. Thus, it is necessary to evaluate, by using pedagogical criteria, the quality of educating as this figures forth in the child's personal becoming. Also, it is necessary to indicate the essentials of the dysfunctional educative activities to determine what meanings the child has attributed to them.

## **2. DIAGNOSING**

### **2.1 Introduction**

"A diagnosis is not a sufficient classification, but a necessary constituent of a personality description" (Rapaport [in English], 1968: 14). It is the educational psychologist's task to determine the inadequate meanings the child has attributed to the educative activities. These unfavorable meanings are explored by using educational and psychological media, and also by conversing with the child's parents. An educational or psychological test or medium is viewed only as an aid in exploring a child's personal becoming, and for determining his/her achieved and achievable levels of becoming or development.

Holt (Rapaport, 1968: 11) emphasizes that diagnosing should not be seen as labeling, but rather as an attempt to analyze and describe individual personalities, and as an aid in planning helping strategies. "The ultimate purpose of diagnosis is to facilitate understanding and individualized predictions about the behavior of uniquely organized persons" (Rapaport [in English], 1968: 18). "... information is collected to gain an understanding of a person in order to provide assistance" (Schertzer [in English], 1979: 6).

Information so acquired is of great importance for various persons who might be responsible for planning a child's future care, therapy and other administrative matters, such as school placement.

## **2.2 The role of testing in diagnosis**

"Psychological testing is an effort to obtain whole and systematic samples of certain types of verbal, perceptual and motor behavior in a frame of a standardized situation" (Cronbach [in English], 1970: 45).

It is important to note that psychological tests only can indicate a problem area. Thus, they can only serve as an indicator of the disharmonious dynamics of educating. The causative factors underlying the manifested disharmonious dynamics of educating still must be determined.

Cronbach (1970: 22-24) lists the following four points as the most important considerations for implementing psychological tests in a diagnostic protocol:

- \* Measures of potentialities and characteristics can be acquired in this way. They can serve as a basis for predicting possible behavior at a later stage.
- \* Testing is used as a selection procedure of individuals for specific reasons, e.g., admission to a college or a particular occupation.
- \* Classifying as this might be necessary in selecting a particular helping strategy or assignment to groups for schools or other training situations.
- \* Tests can be used to evaluate the effectiveness of particular programs and methods.

## **2.3 Educational psychological testing**

There usually is a correlation between the unacceptable behavior of a child (as symptoms) and the disharmonious dynamics of educating. Thus, it is necessary not only to determine the causative factors of the symptoms, but also to analyze the deviant behavior in terms of the specific functional activities of the educator underlying it, the meaning the child attributes to these activities, as well as the reasons underlying the educator's behavior. Consequently, the aim of educational psychological testing is determining the unfavorable

meanings the child attributes to the educative activities underlying the disharmonious dynamics of educating.

The first task the educational psychologist has in the diagnosis is to determine if the symptoms, as manifested by the child, indeed, are an indication of educational or behavioral deviancy, i.e., if there is a gap or retardation in a child's becoming adult. Thus, the educational psychologist must determine the child's pedagogically achieved and achievable levels in terms of intellectual potentialities, affective, cognitive and normative meanings which he/she attributes to the educative contents, his/her physical development and more. If there is inadequate guidance of the child by the educator, then the constituents of this guidance also must be determined by being able to analyze them. It is necessary that an accountable choice of test materials be made from the available psychological and educational tests.

## 2.4 Choice of tests

To acquire meaningful results from a test situation it is necessary that appropriate and accountable selections of available tests be made.

"Tests should be selected to measure the content areas which the counsellor is concerned with and, at the same time, contribute as much as possible to the client's growth and development" (Hansen [in English], 1982: 375).

It is necessary to take note of the following observation by Holt (Rapaport [in English], 1968: 33):

"... (a) major source of variance in diagnostic testing is the talent and skill of the psychologist who does it."

An educational psychologist must have a thorough knowledge of the longitudinal becoming of a child to determine if a particular symptom should be viewed as a manifestation of deviant behavior, or if it can be viewed as appropriate behavior within a particular phase of becoming. Also, the characteristics of the specific behavior deviations and syndromes must be known by him/her.

Pedagogic intuition is an intrinsic part of the talent and skill of an educational psychologist. Van Niekerk (1978: 36) defines intuition

as the immediate and spontaneous apprehension of a matter as if by inspiration. This implies that an educational psychologist must possess the necessary pedagogical knowledge, as well as have a genuine love for the child, and an interest in the educative situation he/she and his/her parents are in to be able to make optimal and accountable use of pedagogical intuition. This pedagogical intuition can help him/her in his/her accountable choice of tests.

Various classifications of tests can be made such as standardized and non-standardized. In the case of standardized tests, the following are important (Hansen, 1982: 377):

- \* Standard procedures for administering the test are developed, including specific instructions and time limits. The same procedure is followed irrespective of the tester or where the test is given.
- \* Scoring procedures and keys are provided which eliminate the possibility of mistakes in scoring the test. Personal judgments also are eliminated.
- \* Tables of norms are available for each test. These data make comparisons possible between individuals and groups.
- \* Manuals with technical test data such as validity and reliability coefficients are available for each test.

There also is a distinction between individual and group tests.

A test must be selected so that the best reflection of a unique child's achieved and achievable levels of becoming adult can be acquired in terms of his/her own, unique meanings on affective, cognitive and normative levels. It is necessary to determine a unique child's attained and attainable level of becoming, to be able to see if there is a gap between them, which then can serve as an indication of an educative deviancy or deficiency.

Thus, it is necessary to keep in mind the following aspects when selecting tests for diagnosing a unique child's problems:

- \* Age: a basic knowledge of a child's progress through the longitudinal phases is necessary.
- \* Geographic information of the family's residence.
- \* The extent of the problem in terms of the symptoms manifested by the child.
- \* Educative activities which possibly can underlie the problem.

## 2.5 Selecting tests to determine the meanings attributed by a unique child

### 2.5.1 Cognitive dimension

Various intelligence tests are available such as the **Wechsler Intelligence Scale for Children-Revised** (The Psychological Corporation, New York), the **Junior** and the **Senior South African Individual Scale** (both published by the Human Science Research Council), **The Griffith's Mental Development Scales** (Association for Research in Infant and Child Development, Cardiff, England).

Also available are group tests such as the **South African Group Tests** published by the Human Science Research Council and non-verbal intelligence tests such as **The Culture Fair Intelligence Test** published by R. B. Cattell and K. S. Cattell, Institute of Personality and Ability Testing, U.S.A. and intelligence tests for handicapped persons such as the **Peabody Picture Vocabulary Test** published by The American Guidance Service, Inc., and the **South African Individual Scale for Blind** published by the Human Sciences Research Council.

### 2.5.2 Affective dimension

Tests which can be used here include the following:

Projective techniques such as the **Rotter Incomplete Sentences Test** which is obtainable from The Psychological Corporation, **Rorschach Inkblot Test** published by Hans Huber, Bern, Switzerland (Bohm, 1958), picture stories such as the **Thematic Apperception Test** (Murray), **Symonds Picture Story Test** published by Teachers College Press, Columbia University, New York, **Children's Apperception Test** (Bellak, 1982), **The Blacky Pictures** by G. Blum, published by the Psychological Corporation, **The Four Picture Test** (Van Lennep, 1948), **Draw-a-Person Test** (Buck, 1950), **Draw-a-Tree** and **Draw-a-House** (Buck, 1950), the **Wartegg Test** (Kinget, 1954).

Also, there are questionnaires such as **The Interpersonal Relationship Questionnaire** (1981) and the **High School Personality Questionnaire** both published by the Human Science Research Council. Various types of evaluation scales have been developed. They can be used fruitfully to summarize observational findings. In

many cases, a teacher and parents can be asked to observe a child and complete such an observation scale.

### 2.5.3 Intentional directedness

Various tests can be used to determine a child's intentionality as this is manifested in the nuanced ways in which he/she actualizes his/her psychic life, e.g., the **Rorschach Inkblot Test** (Bohm, 1958: 13) and the **Alexander Performance Scale for Children** (Alexander, 1946).

## 2.6 Observation

Educational psychological observation differs from so-called clinical observation of the "patient" researched from behind a one-way mirror (Van Niekerk, 1982: 83). According to Beets (Van Niekerk, 1982: 83), pedagogical observation is an interpersonal encounter which includes a future dimension. What happens here must be placed against the background of a personal past and future, because both belong to the child being observed. Van Niekerk (1982: 82) describes pedagogical observation as the systematic and purposeful exploration of a child's situation, and its pedagogical evaluation.

The educational psychologist must consider the following when he/she uses observation as an aid to better understand a child:

- \* The observer must not be prejudgmental;
- \* each child is in a unique life situation;
- \* premature conclusions must be avoided;
- \* it is necessary that a good relationship be established;
- \* this relationship implies a being-with after which, in agreement with Van den Berg (1953), there can be a shared landscape.

According to Vedder (Van Niekerk, 1978: 33), the following also must be considered: a child's outward appearance, his/her intelligence, motor activity, volitional and affective life, character and his/her general conduct.

## 2.7 The conversation

### 2.7.1 Introduction

In very many cases, the symptoms manifested in a child's behavior refer to inadequate educative activities of the educators (parents). If the disharmonious meanings attributed by a child to the educative activities are known, it is possible to find connections between them and the educative activities executed by the parents. Thus, it is possible to identify problem areas and concentrate on them during the conversation with the educators (parents). Depending on a child's age and the nature of the problem, it might also be necessary to converse with the child.

### **2.7.2 The conversation with the parents**

The aim of the conversation with the educators is to acquire a verbal report from them about the child's development, and the relationships he/she has established since birth.

It is of the greatest importance that there is a good relationship between the interviewer and the parents conversed with. If all the blame for the child's behavior is placed on the parents from the very beginning, this will antagonize them. "The quality of the client-counsellor relationship and of the alliance as it manifests itself throughout the interaction appears to be a highly significant prognostic indicator of progress" (Aiken [in English], 1979: 204).

Since the ultimate aim of the educational psychologist is to neutralize the disharmonious educative activities which have led to the attribution of disharmonious meanings and, thus, to the child's manifest symptoms, it is necessary to determine what educative activities underlie the child's symptoms, i.e., the disharmonious dynamics of educating and what intensifies them. Thus, it is necessary that a clear image be acquired of the educating the child has participated in, and which has led to the gap in his/her becoming toward adulthood. In this conversation, the converser must concentrate on those educative activities which can be linked to the child's inadequate attribution of meaning.

To carry out a successful conversation, the converser must be very well prepared; in other words, he/she must have knowledge of the inadequate meanings attributed by the child, and he/she must be cognizant of the possible connections there can be among these meanings and the particular educative activities of the parents.



Aids, such as questionnaires are available for the converser to facilitate his/her task (See appendices A and B). If the converser uses questionnaires, it is important that he/she guard against the conversation falling into a formal question-answer session. The following aspects always must be kept in mind:

- \* Empathic understanding of the client's situation is necessary.
- \* The other person's feelings must never be left out of consideration.
- \* The person's human dignity must never be violated.
- \* The importance of nonverbal communication should not be underestimated. Note facial expressions, body attitudes and tone of voice.

### **2.7.3 The conversation with the child**

If the child can easily verbalize his/her problem, the educational psychologist can engage in a conversation with him/her. This conversation is carried out in a relationship of trust, understanding and the necessary authority. Such a conversation must be handled with the greatest caution so that it does not lead to a fracturing of the relationship of trust. The child's human dignity always must be respected. The emotional impact of a conversation about the disharmonious dynamics of educating in which the child participates must not be overlooked, and he/she must continually be certain of the support of the converser.

According to Van Niekerk (1982: 64), there are four basic ground forms [conversation., play, assignment and example] for such a conversation:

#### **\* Dialogue (conversation)**

Any topic can be discussed by means of language and, by a careful observation of the degree of contextual integration of the child's communication, it is possible to determine the meanings he/she has attributed to specific educative contents. The topics which touch the child also can be significant. It serves no purpose to ask him/her direct questions such as why he/she wets his/her bed.

#### **\* Play**

According to Van Niekerk (1982: 65), a child is a playing being in the world, and he/she displays the meanings he/she has attributed to him/herself and life contents through his/her play. Especially, a

younger child manifests his/her involvement in life contents through play.

\* Assignment

Special assignments can be given to the child such as to write an essay or paragraph on a particular topic, e.g., his/her family. Various media such as projective tests also can be used.

\* Example

An example from the everyday life environment of the child (an example from his/her experiential world) can be revealing for the diagnostician of the dynamics of educating in which the child has participated.

## 2.8 Family interactions

According to Langeveld (Van Niekerk, 1982: 2), a child can only become a person through education and, thus, he/she is dependent on it. This dependency of the child on adults necessitates that the diagnostician consider the needs of these adults as well as those of the child, while determining the disharmonious dynamics of educating. Observing the family in interaction is an indispensable aid for the educational psychologist in diagnosing the disharmonious dynamics of educating in the family because it is within these everyday family interactions that the dynamics of educating are actualized (see Landman, 1977).

The child and his/her family members are co-participants in this collective event to the extent that they are collectively responsible for the dynamic course of educating. Thus, the family is a constituent of a child's life reality and, since diagnosing implies that the dynamics of educating within the family must be explored, the actualization of the [pedagogical] structures within the family must be investigated by means of family diagnostic techniques. Family diagnosis, as such, occurs in practice in connection with family therapy.

Different approaches to family therapy are fully described in the recent literature. Hansen and L'Abate (1982) give an overview of the most important schools of family therapy. To the extent that family therapy is used as a diagnostic aid, the following aspects are of importance (Kotze, 1983: 119-123):

\* Observation

The therapist (diagnostician) observes the verbal as well as non-verbal communication within the family.

\* Family structure

The hierarchical organization within the family, and the distance which is maintained by the various family members must be determined. The educative and becoming periods in which the children live in the family are of importance in determining the position of the family members with respect to each other.

During the diagnostic conversation with the family, the diagnostician can acquire a verbal report of the dynamics of the educating within the family as this manifests itself in their interactions.

### **3. IMPLEMENTING MEDIA**

#### **3.1 Introduction**

A variety of media are available for exploring a child's personal actualization in his/her educative situation. During the implementation of these media, a gradual actualization of the various essentials of educating are usually of cardinal importance. In the following, attention is given to the particular "types" of media which can be implemented.

#### **3.2 Stating the problem and day program**

The child's problem, as given by the parents as the reason for bringing him/her to the school psychologist, to a large extent directs the course of the investigation. From the statement of the problem, and the day program (Appendix B), which also is filled out by the parents during this initial conversation, are to set certain boundaries for the diagnostician within which his/her investigation or evaluation occurs. However, one cannot hold rigidly to such a pattern because the diagnostician gradually might discover that the parents (and he/she) are on the wrong track. Thus, it is necessary that the diagnostician be flexible regarding the selection of media.

#### **3.3 Performance media**

All exploratory media can be viewed as performance media, although specified performance media are designed with the aim of exploring the actualization of specific moments of the psychic life. A child's performance, as a response to the invitation directed by the medium, then is observed by the investigator. It is possible, within a short period of time, to bring to light different moments in a child's habitual personal actualization, such as anxiety, calmness, uncertainty, self-confidence, spatial orientation, gross and fine motor movements, sidedness, etc.

### **3.4 Expressive and projective techniques**

By making use of these techniques, a clear indication can be found of the contents which figure prominently as components of a child's life of values regarding, among others, his/her parents, other family members, friends, teachers and him/herself. These media especially offer the possibility of exploring the unfavorable meaning constituents of the experiential world of a child restrained in his/her becoming because, as Lubbers (1971: 77) says, a child attributes his/her avoided feelings to the figures in the projective pictures.

### **3.5 Personality questionnaires**

Various components of personality are incorporated into the questionnaires such as aloofness, intelligent, self-confidence, and more.

### **3.6 Intelligence media**

Although the IQ score has much value in determining the pedagogical achievable level of a child, a qualitative analysis of intelligence is of great importance. How a child thinks and learns and, thus, how he/she arrives at a particular answer is important.

### **3.7 Scholastic tests**

If a child is in school, the scores which he/she has obtained on tests and examinations can be studied to help evaluate whether a child's intelligence, as potentiality, is adequately actualized. An analysis of samples of his/her work in school subjects also can point to possible problem areas regarding deficient learning and deficient learning effects.

### **3.8 Historicity conversation**

It is important to investigate the events to which a child attributed meanings in the past to acquire a better insight into his/her hierarchy of meanings, and also to enable the investigator gauge his/her momentary meanings in their essence. Consequently, it is necessary that the diagnostician talk with the child's parents (educators) and, in some cases (especially depending on his age), also with him/her.

### **3.9 Summary**

From the diagnosis done with the help of the above media it now seems that there are essentials of education that appear as more prominent, either in a favorable or unfavorable sense. These essentials of educating have a decisive effect on the child's meanings that result. In this regard, it can be indicated that educative activities that, e.g., figure prominently in the relationship of authority will lead to meaning outcomes by the child that also are related to realizing authority. Thus, there is a connection to be drawn between the type of meaning outcomes of a child and the types of essences of educating that figure prominently during the event of educating.

Behaviors that are characteristic of, e.g., insecurity, tenseness, anxiety, and more refer to the meanings attributed especially to trust during the course of educating. Thus it is possible to relate each behavior (and even "deviant" behaviors) with the functional actions of the educators.

An explication of a child's emotional, knowing and normative structures thus require disclosing their relations with the specific educative actions of the educators and the child. The effect of these activities on a child's affective, cognitive and normative meanings is that the relation between a child's meanings and his behaviors are preformed and initiated by the functional educative activities embraced by the dynamics of educating.

## **4. THE DIAGNOSTIC REPORT**

### **4.1 Introduction**

As the diagnostic investigation is ended the educational psychologist has to present his findings in writing. This report has to be composed so that persons from other disciplines such as medicine, physical therapy, teaching and others with intervention or helping strategies can proceed if this seems to be necessary. All of the information at the educational psychologist's disposal regarding this specific child and the unique educating he has participated in have to be included in this report.

According to the compilers of the DSM III (p. 23), making use of five systems of assessment ensures that various related matters such as environmental influences and the highest level of functioning in the just ended year are not left out of consideration in evaluating and diagnosing the individual.

Since an educational psychologist never views a child apart from his educative situation, matters such as environmental influences and relationships with his family members always are viewed as an integral part of the diagnostic event. Also, the information that is an indication of the fifth system, namely the highest level of functioning, is implicitly built into the diagnostic investigation in so far as the pedagogically achievable\* level is determined. Thus, it is not necessary for an educational psychologist to present the diagnostic report according to the five systems of assessment.

The various components of a diagnostic study can be discussed under the following headings in such a report.

#### **4.2 Identifying particulars**

Personal identification data such as date of birth, date of investigation and age at the time of the study, school and grade level, parents' names, address as well as source of referral can be noted here.

#### **4.3 Statement of the problem**

The reasons offered by the parents for meeting with the educational psychologist briefly are given.

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\* If I understand the thought here, it seems that this point has to do with the level achieved. G.Y.

## **4.4 Summary person image**

Here the following aspects are discussed:

### **4.4.1 Relevant historicity data**

Only those data relevant to the problem area are discussed. This includes information about a child's physical development, possible traumatic and other events which could have had an influence on his/her becoming to date. Events concerning family members and which have influenced the child's educating, and interactions with the family members also are discussed.

### **4.4.2 Cognitive structure**

An image of the child's cognitive structure as well as the course of his/her learning are conveyed.

### **4.4.3 Affective and normative structure**

An image of the affective and normative structures of the child is conveyed as completely as possible in terms of the meanings he/she has attributed on an affective and normative level to the contents of educating and to the persons involved in educating him/her.

### **4.4.4 Disharmonious structures of educating and the dysfunctional activities underlying them**

The problem areas and structures (essences) of educating which can be viewed as the most important constituents of these problem areas are explained. The functional activities carried out by the participants in these unique dynamics of educating and which specifically underlie or maintain the disharmonious dynamics of educating are discussed.

## **4.5 Recommendations**

Discussed here are recommendations in terms of strategies of providing help to eliminate or neutralize the disharmonious dynamics of educating. Recommendations are made for further study, e.g., medical, physical therapy, etc. Administrative

arrangements such as school placement also are discussed under this heading.

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**APPENDIX A**  
**HISTORICITY QUESTIONNAIRE**

**I. IDENTIFICATION DATA**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Date of investigation: \_\_\_\_\_

Grade: \_\_\_\_\_

School:  
\_\_\_\_\_

Religious denomination: \_\_\_\_\_

Father:      Initials and surname: \_\_\_\_\_

                 Age: \_\_\_\_\_

                 Vocation: \_\_\_\_\_

Mother:      Initials and surname: \_\_\_\_\_

                 Age: \_\_\_\_\_

                 Vocation: \_\_\_\_\_

Marital status: \_\_\_\_\_

Number of children: \_\_\_\_\_

Other house occupants: \_\_\_\_\_

Parents' address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Other children in the family:

	Name	Age	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## II. STATEMENT OF THE PROBLEM

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First manifestation of the problem:

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Measures already taken to correct the problem:

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Has the matter already been discussed with the child?

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When?

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In what  
way?\_\_\_\_\_

\_\_\_\_\_

Was the problem ever discussed with the child in front of others  
(children or adults)?

\_\_\_\_\_

\_\_\_\_\_

### III. CORPOREALITY AND SPEECH (IF RELEVANT)

Pregnancy: Planned? \_\_\_\_\_  
Problems? \_\_\_\_\_

Birth: Problems? \_\_\_\_\_  
Weight of baby \_\_\_\_\_

Feeding: \_\_\_\_\_

\_\_\_\_\_

Physical milestones (sitting, crawling, walking)

\_\_\_\_\_

\_\_\_\_\_

Left or right sided:\_\_\_\_\_

(Hands, feet, eyes)\_\_\_\_\_

\_\_\_\_\_

Any physical defects:\_\_\_\_\_

\_\_\_\_\_

Illnesses the child has had or still has: \_\_\_\_\_

\_\_\_\_\_

Illnesses in the family:\_\_\_\_\_

\_\_\_\_\_

Misfortunes:\_\_\_\_\_

Physical appearance:\_\_\_\_\_

Physical form (shape): \_\_\_\_\_

Physical movement:

\_\_\_\_\_

Physical proportions:

\_\_\_\_\_

When did the child begin to talk?

\_\_\_\_\_

Any speech abnormalities?

\_\_\_\_\_

#### IV. PEDAGOGIC SITUATION

##### 1. Father-child relationship (as viewed by the father)

How did the father feel about the arrival of the new baby (and the pregnancy of the mother?)

\_\_\_\_\_

\_\_\_\_\_

Father-child contact as baby:

\_\_\_\_\_

\_\_\_\_\_

Father-child contact as toddler:\_\_\_\_\_

\_\_\_\_\_

How often do the father and child now have contact?

\_\_\_\_\_

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What does the contact include?

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What do father and child talk about?

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Where and when do they converse?

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How does the father feel about his child?

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What does the child do that appears clever to the father?

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What does the child do that is unacceptable to the father?

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How does the father view the mother-child relationship?

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**2. Mother-child relationship (as viewed by the mother)**

How did the mother feel about her pregnancy?

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How did the mother feel about the baby?

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How did the mother feel about caring for the baby?

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Were there any feeding problems?

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What does the mother-toddler contact include?

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How often do the mother and child now have contact?

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What does the contact include?

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What do mother and child talk about?

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Where and when do they talk?

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What does the child do, that appears clever to the mother?

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What behaviors of the child are unacceptable to the mother?

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How does the mother view the father-child relationship?

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**3. Marital relationship (according to the father)**

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**Marital relationship (according to the mother)**

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How did the arrival of the children influence the marital relationship?

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How did the arrival of this child influence the marital relationship?

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#### **4. Child-others**

What is the child's relationship to his brothers and sisters?

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What is the child's relationship to himself?

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Does he have friends?

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---

What are his relationships with his friends?



When does he have contact with his friends?

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Who takes the lead in his peer group?

---

---

Is the child independent (with respect to his level of becoming)?  
Give examples

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**5. What is the parents' role in the child's cognitive becoming?**  
(Library, TV, excursions, questions, magazines)

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How does the child attribute his own meaning to matters that touch  
the family (e.g., religion, activities of other family members)?

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Matters outside of the family (cultural matters, TV, etc.)?

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**6. What is the parents' role in the child's normative development?**

Role of religion in the family life

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What educational aims do the parents strive for?

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How does the child identify with the norms presented to him by his parents?

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What is the quality of the parents' exemplification [of norms]?

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**7. Child-school**

How does the child experience the school?

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Child-other children

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Child-teacher relationship

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Child-learning material relationship

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INFORMATION REGARDING RELEVANT MACROSTRUCTURES

## APPENDIX B

### DAY PROGRAM OF \_\_\_\_\_

By asking these questions, we want to get an image of a typical weekday in your family. Take an ordinary weekday as your focus and please answer the questions as completely as possible. If there are aspects of your day not covered by the questions, you can discuss them on the last page. The questions and your answers to them are not an indication of the quality of your educating your child. There are no "right" or "wrong" answers.

**Only answer those questions that apply to you.**

1. How does your child awaken each weekday morning?

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2. What is your child's immediate behavior?

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3. Does he get up easily and quickly? If not discuss.

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4. Where and with whom does your child enjoy breakfast?

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5. What is talked about during breakfast?

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-----  
6. Are there any activities practiced in the morning in your house?  
(Describe)

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-----  
7. Does your child need to be scolded in the morning? Explain.

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-----  
**QUESTIONS 8 - 10 NEED TO BE ANSWERED IF YOUR CHILD DOES  
NOT YET ATTEND SCHOOL**

8. If your child attends a pre-school, nursery school or play group  
(skip what is not applicable):

(a) Who cares for him/her there?

-----  
(b) How late in the morning?

-----  
(c) How is your child greeted?

-----  
(d) Who takes and picks your child up?

-----  
(e) How is your child greeted when he is picked up?

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(f) Describe the time between the child's returning home and the father's (and/or mother's) coming home. (What does the child do, talk about, etc.)

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9. If the mother cares for the child herself at home, give a brief description of:

(a) the morning (activities; what is talked about, about what and how often is the child scolded, with whom and what does your child play, etc.)

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-----

(b) the afternoon

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10. If your child is cared for during the day by another person (e.g., a servant):

(a) Who cares for the child?

-----

(b) Where is your child cared for?

-----

(c) Briefly describe the course of your child's day in the care of the person involved (activities; what they talk about, etc.)

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-----  
**QUESTIONS 11 - 20 MUST BE COMPLETED IF YOUR CHILD ALREADY  
IS IN SCHOOL**

11. Why is your child in school?

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12. Is your child greeted in the morning if he/she goes to school?

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If so, how and by whom?

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13. Does your child come directly home after school? -----

14. Does he go to an after-school center? -----

15. Does he go to another place? Specify

-----

16. If your child comes home, by whom and how is he received?

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17. Who offers your child lunch?

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18. After school activities

(a) Does your child participate? \_\_\_\_\_

(b) How does he/she get to and from activities?

\_\_\_\_\_

19. If your child is home in the afternoon, who does the afternoon progress?

\_\_\_\_\_

\_\_\_\_\_

20. Homework

(a) When does your child do his homework?

\_\_\_\_\_

\_\_\_\_\_

(b) Where does he do his homework?

\_\_\_\_\_

\_\_\_\_\_

(c) How is he supervised or how is the homework checked?

\_\_\_\_\_

\_\_\_\_\_

(d) How is the checking done?

\_\_\_\_\_

\_\_\_\_\_

21. How late does the father come home (and if the mother works full time, both)?



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22. Describe the time between arriving home and having dinner.

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23. How late do you usually have dinner, where is it served and how does the meal progress?

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24. How late does you child go to sleep?

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-----  
25. Briefly describe the events between eating dinner and your child's bedtime.

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-----  
26. Does your child fall asleep easily? -----

27. How does bedtime progress?

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-----  
28. Any other matters you consider to be important

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29. How do Saturday and Sunday progress?

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30. Is there any difference in the manner in which your child goes to school on Monday morning and any other morning?

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Completed by \_\_\_\_\_