All educational efforts in preschool education should focus on the highest possible degree of children's readiness for school attendance. Generally, school maturity is assessed from a cognitive, social and emotional-social perspective. The paper focuses on the cognitive perspective, specifically on children's language skills. Adequately developed language competences are essential for children's personality development, are inseparable from other cognitive processes, crucial to obtaining information, and necessary in social communication. Proper development of language skills is considerably influenced by the kindergarten that the child regularly attends. The theoretical part of the paper defines key terminology, describes speech ontogeny, and suggests possible roles of kindergartens in the development of language competences in preschool children. The theoretical part is followed by a description of a qualitative research survey aimed at the assessment of the level and subsequent development of children's language skills when they enter kindergarten, during the course of their study, and right before they enter elementary school. The research was based on an analysis of a diagnostic tool – children's portfolios. The data were interpreted based on case studies; each case was analysed to formulate measures for further improvement of children's language development.

Keywords: Language skills, language development, school maturity, kindergarten, children's portfolios.

1 INTRODUCTION

All educational efforts in preschool education should focus on the highest possible degree of children's readiness for school attendance. However, not all children have ideal preconditions to succeed in school. Generally, school maturity is assessed from a cognitive, physical and emotional-social perspective. The following text focuses on the cognitive perspective, specifically on children's language skills. Good language competences are essential for children's personality development, are inseparable from other cognitive processes, crucial to obtaining information, and, last but not least, necessary in social communication.

It was already John Amos Comenius (Informatorium školy mateřské, 2007, p. 63) who emphasised that speech and thinking were human abilities that, if cultivated, were a means and consequence of personality development. Therefore, education should start as soon as possible, taking into account children's age peculiarities. The first impressions are very strong and permanent. If the child in an early and preschool period learns bad habits, or if the child's developing abilities are neglected, it becomes very difficult to remedy the resulting damages.

Speech, as a means of communication and the key to the development of children's knowledge, is a significant stimulant. The development (or conversely lagging) of speech understanding and expression of the child is decisive for the level on which the child's language skills will make accessible or inaccessible a large area of further stimulation, which is mediated by the linguistic meaning (Langmeier, Balcar, Špitz, 2000, p. 57).

Speech is very important for future school success. It multiplies the range and speed of thinking (Piaget, 1997). Children use speech to express their thoughts, communicate with others, establish their position in a group of individuals, and deepen their knowledge. Therefore, in terms of speech, school requirements are considerable. New students should well understand the teacher's instructions and requirements, should be able to express themselves well, and should have good vocabulary. Last but not least, students should have correct pronunciation (Mertin, 2011). If children have sufficient communication skills to meet school requirements, they have a much easier start in school, which usually represents a considerable load and a change in life, to which they need to adapt.

Children with speech deficits, delayed speech development or another severe speech disorder are more threatened by the occurrence of specific developmental learning disorders, such as dyslexia,
dysgraphia, dysorthographia and dyscalculia (Bednářová, Šmardová, 2010). Many authors (for example McArtur in Zelinková, 2003) are inclined to the opinion that the principal causes of reading and writing failures are speech disorders. Along with other types of weakening, such as problems with concentration of attention or school load, might be frustrating for a child, who might feel helpless. Zelinková (2003) states that in searching for preschool children at risk in terms of specific learning disorders, attention is also paid to genetic dispositions in the family in the area of speech and reading, delayed speech development (incorrect articulation of a larger number of sounds, difficulty in pronunciation of complex expressions, etc.), weak short-term verbal memory and difficulties in repeating meaningless words. A child with a speech disorder need not necessarily be affected by a specific learning disorder; therefore, a differential diagnosis is of a paramount importance.

2 ONTOGENESIS OF HUMAN SPEECH

“Human speech is the most sophisticated means of interpersonal communication – communication between two humans” (Dolejší, 2005, p. 8), but also communication with oneself. It allows to think, experience hypothetical and imaginary thoughts on an abstract level, think in the past and future, and transpose oneself to other worlds (Bruce, 1996). Speech indicates the content of thinking, develops it, facilitates understanding of the world and emotions (Mertin, 2011, p. 50). It is a beautiful and unique human ability, the essence of which has not been fully explained yet.

The development of speech of an individual is a complex process affected by a number of external and internal factors. It is increasingly studied by professionals such as psychologists, phoniatricians, neurologists, linguists, speech-language therapists, etc. During the past 50 years, a new interdisciplinary field of science has been developed – developmental psycholinguistics, which generally examines the process of language acquisition and communication abilities in children. In the context of contemporary Czech science, no systematic research on children’s speech is being performed and there is no institutional basis for psycholinguistic, but there are professionals engaged in the research and theory of children’s speech as part of their expertise (Průcha, 2011).

Developmental psycholinguistics is a borderline discipline closely corresponding with developmental and cognitive psychology. The opinions about child personality are thus correlated with the theories of the development of speech and communication in children. At present, the following three basic concepts of language acquisition are popular today (Bruce, 1996; Průcha, 2011):

- Empiricist approach, i.e. theory of human mental development, which considers experience, environmental influences and learning the decisive factors in language acquisition;
- Rationalistic (nativist) approach looks at speech acquisition through innate dispositions; nativism as a theory emphasises the role of innate developmental preconditions;
- Interactive approach that tries to combine both extreme approaches and emphasises the effect of innate dispositions, learning and the environment, and the process of interaction between the two categories. Combining the positive aspects of both approaches mentioned above appears most useful (Průcha, 2011).

However, children are not born with an ability to speak, they need to learn a language. They only have innate predispositions to learn to speak (Dolejší, 2005). Piaget (1997) states that children adopt a language in finite mandatory forms as a basic instrument of social adaptation. Children learn a language by imitation, which requires a developed semiotic function and an ability to assimilate.

The child’s motivation for learning speech is the need to communicate. However, the ability to speak is conditioned by the ability to hear and by living in a speaking environment. Another important aspect is the vocal dexterity of the speech organs and a speech model. Speech development must take place within a limited period of time (Dolejší, 2005) and is a fast part of human development. The most significant is the preschool period. The nature of speech development is affected primarily by the following factors: condition of the central nervous system, level of intellectual abilities, level of motor abilities, level of auditory and visual perception, aptitude for verbal communication, and last but not least, the social environment, in which the child is present (Bytešníková, 2007, p. 72).

Of all these categories, the level of thinking should be highlighted. Vygotskij (1971) concludes that ontogenetic development of thinking and speech has different roots and to a certain point is independent and follows different paths. Then, however, both paths intersect, thinking becomes verbal and speech, on the contrary, becomes intellectual. Thinking becomes dependent on speech, on the means of thinking and on the social and cultural experience of the child (Vygotskij, 1971, p. 116).
However, speech can develop properly only if certain requirements are met. These specifically include the following: unimpaired central nervous system, normal intellect, normal hearing, innate aptitude for language, and adequate social environment (Škodová, Jedlička, 2007).

Speech development goes through two periods and is divided into several stages. The first is the preparatory stage (pre-speech), which lasts up to about one year of age of the child and is followed by the period of speech development, which is further divided into the following stages: emotionally-volitional, egocentric, associative-reproductive, development of communication speech, logical concepts, and speech intellectualization (Bytešníková, 2007). In this context, Durdilová and Klenková (2014) state that all development stages must take place, none of them can be skipped because each stage builds on the previous one. Even if the child begins to speak later, all stages must be taken. These stages cannot be skipped; they can only be shortened by means of suitable stimulation.

3 ROLES OF KINDERGARTENS IN PROPER SPEECH DEVELOPMENT

The Framework educational programme for preschool education is the basic curricular document in the Czech Republic and defines the main requirements, conditions and rules for institutional education of preschool children (RVP PV, 2016). The concept of preschool education outlined by this programme focuses on children’s adoption of the basics of key competences from an early age and lay the foundations for lifelong learning to succeed in the society (gain knowledge and abilities to use this knowledge).

Preschool education is part of lifelong learning and contributes to the development of key competences required in the life of an individual and provides the conditions for high quality development of an individual. An important aspect in this process is speech development. RVP PV defines specific objectives that apply to education in the area of language and speech. These include:

- Development of speech and language skills, both receptive and productive,
- Development of communicative skills and refined expression,
- Adoption of some of the skills that precede reading and writing, promoting interest in written language.

Although language and speech are present in all areas and affect the level of other competences crucial in the period of preschool education, this paper defines communicative key competences achievable for preschool children.

The objectives of language and speech development are formulated in the psychological educational area The child and the psyche, subsection Language and speech. In addition to partial educational objectives, i.e. the child's abilities and skills that the teacher supports, the educational offer and an overview of risks that threaten the achievement of educational objectives, RVP PV specifies a total of twenty expected outcomes that children usually achieve by the end of preschool education. The term usually is appropriate because RVP PV declares an individual approach to every child, respecting their personal, individual and age differences, which are natural and obvious.

The purpose of preschool education is not to make children’s performance uniform but rather to allow every child to achieve an optimum level of personal development and learning. This should be the highest possible level achievable for the child to ensure the best chances and preconditions for further learning.

The development of the child’s communicative competences is one of the crucial tasks of preschool education. According to RVP PV definition in this area, kindergarten teachers provide their children with situations, games and possibilities aimed at speech development. These are defined in the educational offer of the subsection Language and speech as a summary of practical and intellectual activities and opportunities to achieve the objectives and outcomes (RVP PV, 2004, p. 15). The teacher should use this offer, make it specific and as diverse as possible, and design activities respecting the children’s age and individual peculiarities (RVP PV, 2004).

4 DIAGNOSIS OF COMMUNICATIVE COMPETENCES

Educational diagnostics is a discipline of special education focusing on objective examination, assessment and evaluation of the internal and external conditions and the course and results of the
educational process. These findings are then used to articulate predictions and to propose educational measures (Chráska in Spáčilová, 2009, p. 8).

Zelinková (2003, p. 19) states that this is a long-term spiral process, which needs to consider all systems that affect the development of the child. It does not end by mere stating of the current level of development, but represents a starting point for defining the conditions of further development. The process is also crucial to achieving one of the principles defined in the Framework educational programme for preschool education – individualized approach to every child. If we want to satisfy the children’s developmental needs and be actively engaged in their development, first we need learn about their needs and possibilities. Only then it is possible to apply an individualized approach (Bednářová, Šmardová, 2010).

Educational diagnostics is performed by specialized departments such as Educational and psychological counselling centres or Special education centres; diagnostics and reeducation of severe deficits in the field of communication are within the competence of speech-language therapy or medicinal areas. However, the diagnostic process is an important part of the work of kindergarten teachers. Analysing age-related and individual needs of children is one of the activities of a preschool teacher, as defined by RVP PV.

Another very important role of a preschool teacher is early detection of any speech deficits of the child and provision of counselling services to the child’s legal guardians. Children with speech deficits are usually recommended for examination by the Educational and psychological counselling centre, Special education centre, or a clinical speech-language therapist. This step is followed by reeducation in the form of individualized speech-language therapy, which usually takes place once every two or three weeks and is attended by the parent. Durdilová and Klenková (2014) state that the presence of parents during the therapy is one of the conditions of effective speech-language therapy. To a large extent, reeducation depends on the involvement of parents, who need to practice with the child at home according to the therapist’s instructions.

The primary diagnosis (screening) performed by the teacher involves a variety of diagnostic methods, including observation, interview, medical history, questionnaire, test, analysis of products and activities, and analysis of educational documents (portfolio).

5 PORTFOLIO AND ITS ROLE IN DIAGNOSING COMMUNICATIVE COMPETENCES IN PRESCHOOL CHILDREN

The purpose of the portfolio is to learn about the child – both strengths and weaknesses, and to plan the child’s further development. It informs both parents and teachers about the knowledge and skills of the child, and monitors the child’s development in the long term. At the same time, the child’s portfolio is the basis for consultation with parents.

The portfolio is used to assess the child’s development and aptly combines almost all types of assessment. The portfolio materials are collected by means of triangulation, which means that at least three sources of information are used to formulate any conclusions. The portfolio combines the teachers’ perspective, parents’ perspective, and records collected by various methods such as observation, medical history, and an analysis of the child’s work. The use of multiple sources ensures better assessment and high quality work with the child.

As has already been mentioned above, the portfolio is one of the tools that teachers can use in their diagnostic activity. A clear advantage is the fact that the portfolio involves not only the teacher but also the child and the parents.

For these reasons, the authors carried out a research study investigating the level of communicative competences in preschool children based on an analysis of children’s portfolios in a selected kindergarten in Olomouc (Czech Republic).

6 METHODOLOGY

6.1 Objective and methods of the research

The main objective of the research was to assess the level and subsequent development of communicative competences in children when they enrol in kindergarten (Level 1), during the course of their study (Level 2), and right before they enrol in elementary school (Level 3).
The research was performed by means of a content analysis of documents; these documents were diagnostic portfolios of preschool children.

The content analysis might be considered a specific form of observation, analysis of products or analysis of factual reality. The analysed document may be a product of human activity that was not created for the purposes of resolving a research problem. This means that the study used a qualitative research strategy.

The analysis focused on the content of a record sheet containing information about diagnostic activity in the area of children’s communicative competences; these categories corresponded with the expected outcomes defined by RVP PV – The child and the psyche, subsection Language and speech. Specifically, the assessment focused on whether the child is able to:

1. Pronounce correctly, control breath, tempo and intonation;
2. Name most surrounding objects;
3. Express thoughts, ideas, feelings, opinions and judgements independently and meaningfully using appropriately formulated sentences;
4. Maintain a dialogue (listen to other people, wait until the partner in communication formulates the whole idea, follow the speaker and the content, ask questions);
5. Make arrangements through words and gestures, improvise;
6. Understand spoken words (capture the main idea of a story, follow the story and repeat it using correct sentences);
7. Formulate questions, answer, evaluate verbal performance, respond verbally;
8. Learn new words and use them actively (ask about words that were not comprehended);
9. Memorize short texts (reproduce rhymes, songs, fairy tales, perform a simple dramatic role);
10. Watch and retell a story or fairy tale;
11. Describe a situation (real, according to a picture);
12. Understand verbal jokes and humour;
13. Distinguish beginning and end syllables and sounds in words;
14. Form a simple rhyme;
15. Recognize and make up simple synonyms, homonyms and antonyms;
16. Distinguish some graphical symbols (pictograms, general and traffic signs, warnings, etc.) and understand their meaning and their communicative function;
17. Move eyes from left to right;
18. Recognize some letters numerals and words;
19. Recognize his/her own name;
20. Show interest in books, listen to other people reading, listen to music, watch a theatre play, watch a film, use a telephone (RVP PV, 2004).

The same record sheet was included in the diagnostic portfolio when the child entered kindergarten, after one year in kindergarten and prior to enrolment in elementary school.

According to the main objective mentioned above, the research problem was defined in the form of research questions, which corresponded with the general objective of the research. The research questions were as follows:

Research question No. 1: Do children prior to enrolment in elementary school achieve the expected outcomes stipulated by RVP PV for communicative competences?

Research question No. 2: Which outcomes defined by RVP PV are most difficult for children to achieve?

Research question No. 3: What is the role of kindergarten in the development of communicative competences in preschool children?
6.2 Research sample

The research was carried out in a kindergarten in Olomouc (Czech Republic), which keeps children’s diagnostic portfolios based on the assessment of the current state and development of individual children in the partial areas in line with the expected outcomes defined by RVP PV. A deeper analysis of the portfolios was used to select children that showed certain irregularities in the development of communicative competences. These children had to be approached individually. This group included five children aged 5 to 8 years.

6.3 Analysis and interpretation of research data

The research study aimed at the assessment of the level of communicative competences in preschool children was based on an analysis of record sheets included in the diagnostic portfolios of children from a selected kindergarten. The data were analyzed and interpreted on the basis of the children’s case studies.

For the purposes of publishing the results, an overview table was provided indicating assessment categories (‘A’ – copes, ‘B’ – copes when assisted, ‘C’ – does not cope), including a commentary and the final discussion of the results.

Table 1. The level of communicative competences in preschool children.

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<thead>
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Mark (6 years 2 months) pronounces all sounds correctly apart from vibrant sounds, but frequently confuses, mispronounces or omits them. This fact has a negative effect on his expression. He is able to express what he wants but his speech is often not fluent and grammatically incorrect. Minor deviations were also observed in the area of active use of new words. He asks about new words but it
takes a longer time before he learns them and begins to use them. This is also associated with difficult memorizing of a short text. He has problems with hearing memory, especially in the case of complex sentences and phrases, when he has to repeat some terms he often confuses their order. Although his hearing is able to distinguish voiced and voiceless sounds, length of vowels or sibilants, he has difficulty distinguishing between syllables with a similar sound. He has problems with sound analysis of words, but is able to identify the first syllable, the first sound, the last syllable, but has problems with identifying the last sound. He is unable to make a rhyme, but is able to maintain rhythm. As far as other outcomes are concerned, Mark shows no difficulties and achieves the required level for elementary school attendance. The data suggest that Mark's problems might predict one of the specific learning disorders; therefore, Mark's parents upon consultation with the kindergarten teacher decided to apply for postponement of compulsory school attendance by one year and will use the extra time in kindergarten to undergo intensive speech-language therapy, which had already started two years ago.

Nikky (6 years 4 months) pronounces all sounds correctly. She hears well, but her auditory memory shows minor deficits in more complex structures. She still makes mistakes in word analysis, specifically in decomposition of words into sounds, and also has deficits in making words from sounds and making rhymes. Nikky has adequate vocabulary. She can express herself in a grammatically correct way, and uses the language appropriately to the communication intent. Nikky does not have any problems with visual perception or memory, her cognitive abilities are appropriate to her age, but sometimes she needs more time to understand a task, once she understands she easily resolves the task. At the moment, her ability to concentrate is weaker. In the next year she will enrol in elementary school and will complete her speech-language therapy. However, it is still recommended to monitor the grammatical level of the language and include games and tasks to strengthen her auditory memory and develop her sense of the language.

Tom (6 years 7 months) has already learned all sounds, but he often does not pronounce them correctly, which is caused by his frequent posing as a toddler, i.e. acquired inappropriate behaviour. When reminded however, he is able to pronounce everything correctly. Tom has persisting deficits in verbal analysis, he is unable to build a word of sounds and is unable to identify the last syllable or sound. He has no problems with rhyming. His vocabulary is appropriate to his age. He understands assignments and has no problems with understanding speech. Tom uses correct forms of words, correct word order, correct grammatical structure of a sentence. He only makes mistakes in the comparative form of adjectives. Tom is able to express himself well, describe his own experience, reproduce a song or poem that he has learned. He does not have a problem in communicating with peers or adults. He is clever and likes solving tasks that are of interest to him. If he is not interested in a task, he does not make any effort to understand or resolve the task. He needs to be motivated. Tom has all preconditions for a successful start of compulsory education because he achieves the expected outcome in all monitored areas, not only in speech.

Dan (7 years 7 months) is affected by delayed psychomotor development and a visual defect, his IQ is 68 points, i.e. in the zone of mild mental retardation. Psychomotor retardation might be associated with the birth, but is likely caused by family predispositions or the mother's incorrect behaviour during pregnancy (drinking alcohol). Currently he is helped by an assistant teacher in kindergarten, but they do not get on very well. In terms of communicative competences, he has problems with auditory memory and partly also with phonemic hearing. He also has difficulties with word analysis, he is only able to build a word from syllables and identify the first syllable. He has an absolutely insufficient sense of the language, does not understand and cannot make a rhyme. Dan's vocabulary is sufficient concerning his mental retardation. Unfortunately, he knows more vulgarisms than other children of his age. He has problems with making opposites. In his speech, Dan sometimes makes grammatically incorrect structures. He often does not use prepositions and reflexive pronouns, he has problems with diminutives. He often does not observe correct word order. His expression ability does not achieve the level of an almost eight-year old boy. He mostly responds to questions in single words, describes his experiences in a chaotic and disorganized way, often uses interjections to tell a story. He usually understands tasks and follows instructions. In terms of other preconditions required for a smooth entry to elementary school, he shows deficits in the area of gross and fine motor skills, graphomotor skills and motor skills of the speech organs. His drawing does not achieve the level of his age and shows signs of organicity. Visual differentiation and visual memory are all right. In terms of cognitive abilities, he has problems with identifying geometric shapes and right-left orientation. He makes mistakes in rhythm repetition. Therefore, it is recommended to develop all areas in which the boy shows deficits. To offer entertaining worksheets for the development of graphomotor skills and visuomotor skills, to
focus on the development of both gross and fine motor skills. To perform breathing and articulation exercises and exercises of the speech organs. To offer games for the development of auditory memory, exercises aimed at the development of phonemic hearing, especially the difference between p and b. To develop cognitive abilities, focus on differentiating geometric shapes and right-left orientation. To develop vocabulary in the area of morphology, diminutive forms, homonyms and antonyms. To develop the ability of verbal analysis, to strengthen rhythm. To practice the correct use of prepositions and reflexive pronouns. To develop a sense of rhyme, to practice telling short stories and own experiences.

Dan has already had postponement of compulsory school attendance, his parents would like Dan to enrol in school in the next school year. Regarding the fact that he is a child with a number of mental and physical deficits, and despite all care he has received in kindergarten, where he has made considerable progress, we believe that he will not meet the requirements of elementary school.

Adam (5 years 11 months) is a studious boy, the youngest of the research sample, and although he is still younger than six, his abilities are appropriate to his age apart from pronunciation, which is currently addressed by speech-language therapy. In the area of speech, Adam needs to learn the pronunciation of the consonant L, differentiate sibilants in normal speech and learn and practice vibrant sounds. Auditory perception and phonemic hearing are all right. He is weaker in analysing words, he can identify the first syllable and build a word of syllables, but has problems with sound analysis. His sense of the language and rhythm is all right.

His vocabulary and understanding of speech is appropriate to his age. He uses correct grammatical forms, word order and structure of a sentence. He is able to make correct comparatives and superlatives, and uses correct prepositions. He is able to use the language in an appropriate way regarding the communication intent, is able to express himself. On the basis of these data, it is recommended for him to continue in the speech-language intervention. In this therapy, it is advisable to practice correct pronunciation of individual sounds and to develop the ability to analyse words. From a global perspective, Adam meets the expected outcomes in all areas crucial to the assessment of school maturity, and will enrol in elementary school in September.

Based on the data specified in the table and subsequent comments, the defined research questions are answered below.

**Do children prior to enrolment in elementary school achieve the expected outcomes stipulated by RVP PV for communicative competences?**

All children, whose portfolios were analysed, have made considerable progress in the area of communicative competences during their study in kindergarten. Although the children still have minor deficits, most of them should successfully start compulsory education, because they achieve a very good level of the expected outcomes defined in RVP PV. As mentioned above, Dan will surely have problems in the area of coping with school obligations, Mark is likely to be affected by a developmental learning disorder.

**Which outcomes defined by RVP PV are most difficult for children to achieve?**

As mentioned above, the children achieve a very high level in many of the monitored areas (outcomes). However, a more detailed analysis revealed 2 outcomes that present a problem for preschool children. This involves correct pronunciation of certain sounds and an inability to analyse and synthesize the sound and syllable structure of words. According to the authors, the cause is the changing way of family life and different organization of the parents’ leisure time. The facts reflect absent communication in the families, lack of joint reading of children and adults, and excessive use of multimedia devices by children.

**What is the role of kindergarten in the development of communicative competences in preschool children?**

The analysis of the portfolios suggested a clear positive influence of kindergarten on the development of communicative competences in the monitored children. Although all of them were subject to speech-language therapy, the educational offer in kindergarten focused on the development of all deficient areas, and the children were provided with materials and activities preventing the difficulties in communicative competences, which largely contributed to the achievement of the expected outcome in the educational area The child and the psyche, subsection Language and speech. It is therefore possible to conclude that attendance of a child in kindergarten has a clear positive effect on overall development of every preschool child.
7 CONCLUSIONS

The Framework educational programme for preschool education clearly defines six expected outcomes, i.e. areas defining what children should achieve by the end of preschool education. One of them is the area of speech, which was the subject of the present study. Preschool teachers use educational diagnostics for the purposes of an objective assessment of the current level of individual knowledge, skills, attitudes and habits, i.e. competences. Educational diagnostics may focus on various areas, of which the authors of the present study chose the level of communication, which is considered a broader area than speech. This involves the process of perceiving, processing and producing information. One of the features of educational diagnostics is its comprehensive nature; therefore, it is necessary to consider all influences that affect an individual. These include the social environment, from which the child comes, and its stimulating effect, any prenatal, perinatal and postnatal circumstances that affected the child, disorders of the central nervous system, cognitive abilities, etc. At the same time, the level of communication affects the level of other areas, e.g. the social, interpersonal, emotional and again the cognitive area. Appropriate diagnostics of communication skills in preschool age is very important. A deficit in any process (reception, processing, production) might later cause a failure in the educational process and adversely affect the entire educational path of every individual.

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