The Principles of Inclusive Pedagogy in Linguo-Didactic Testing of Migrants with Health Limitations

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Abstract

The relevant objective of modern testing science is to create the system of linguo-didactic testing for migrants with health limitations, who constitute the most socially vulnerable category of foreigners. The authors of the article develop a model of such system, which uses the underlying principles of inclusive pedagogy. The article is based on the data of research, which was conducted using the expert evaluation method. The authors have developed recommendations on creating the system of linguo-didactic testing for migrants with health limitations. The linguo-didactic description of communicative competence was supplemented by the list of situations, topics for communication, relevant for the given category of test takers. The article proposes guidelines on adaptation of the test materials, presupposing their structural "adjustment" as well as correction of test tasks, assessment scale and rater's charts. An adaptive form of presenting the test materials has also been developed. These changes will allow the system of linguo-didactic testing to become more flexible and provide equal rights and opportunities for all test takers, considering their specific needs and requirements.

Keywords: *test of Russian as a foreign language, inclusive pedagogy, people with health limitations, tester's inclusive competence.*

1. Introduction

One of the main objectives of the state migration policy of the Russian Federation is to create the conditions for adaptation and integration of migrants, protection of their rights and freedoms and provision of their social security (SMP Concept, 2012). The focus of modern society on humanization and humanitarization of socio-cultural systems and relationships makes it necessary to develop new mechanisms for the efficient, equal and full integration of migrants into the Russian realities, the first step of which is the preparation for the integration exam for foreigners and taking this test. This stage of a complex, sometimes controversial process of foreign citizens' integration into another culture, is particularly significant because its incorrect design or inappropriate implementation can lead to a migrant's apparent or latent rejection of moral norms, cultural values, rules of social interaction which are accepted in the Russian society. The system of linguo-didactic testing should become an effective instrument for acculturating and integrating all categories of migrants.

In this regard the relevant objective of modern testing science is to create the system of linguo-didactic testing for migrants with health limitations, who constitute the most socially vulnerable category of foreigners. Deterioration of the environment, a high level of morbidity among women of reproductive age and unsolved social problems lead to a slow but steady growth in the number of people with different disabilities. Currently, there are about 1 billion people (one-tenth of the world's population) with one or more physical, sensory (blindness/deafness), intellectual or mental impairment (Guide ..., 2009: 8). According to the Ministry of Health and Social Development of the Russian Federation and the statistical service of the European Union (Eurostat), in Finland there are 32.2 percent people with health problems, in the UK - 27.2, in France - 24.6, in Denmark - 19.9, in the Czech Republic - 20.2 (E-newspaper "Marker", 2015). According to the official website of the Federal State Statistics Service, as of 1 January 2015 in Russia there were 12.924.000 people with impairments (FSSS official website: www.gks.ru). People with health limitations need to be socially supported, with the creation of a friendly test environment.

An effective system of linguo-didactic testing of migrants with health limitations cannot be developed without relying on the principles of inclusive pedagogy. The start of this promising scientific field development was initiated by a

new humanistic approach to interpreting the concept of disability. From the standpoint of this approach, people's health problems and the resulting limitations of their abilities are treated not as an individual personality problem, but as a problem of society, which lacks the resources and mechanisms for inclusion of all its members in active social interaction. In the new humanistic paradigm, disability is considered from the perspective of social ecology as a phenomenon resulting from the collision of an impaired person with barriers that arise in social relations and the environment. These barriers also hinder their effective, equitable cooperation with other members of society (the Convention on the Rights of Persons with Disabilities, 2006). In the "social model of disability", developed within the framework of the expanding World Movement for the Rights of People with Disabilities, it is declared that constraints faced by people with health limitations are caused solely by social, cultural and economic barriers, and they should not be the necessary consequence of the person's disability (Disability and the Millennium Development Goals, 2011: 9).

The humanistic approach to social habilitation, integration, inclusion of citizens with health limitations is enshrined in a number of documents signed by most countries of the world (Convention against Discrimination in Education, 1960; Declaration on the Rights of Persons with Disabilities, 1975; World Declaration on Education for Everybody, 1990; Salamanca Statement, 1994; Convention on the Rights of Persons with Disabilities, 2006 and others). The Russian Federation signed the Convention on the Rights of Persons with Disabilities in 2008 and in 2012 the law on its ratification was passed. But the first inclusive educational organizations appeared in Russia at the turn of 1980-90s, and the first successful experience of inclusive education in the Russian Federation dates from 1934 in N.E. Bauman Moscow State Technical University using special programs, but in the conditions of the integrated training people with hearing impairments started receiving vocational education.

Currently, inclusive pedagogy can be considered one of the most rapidly developing areas of the Russian science (S.V. Alekhina, I.E. Averina, T.V. Volosovets, L.A. Zaitseva, T.S. Zykova, L.M. Kobrina, E.V. Kovalyov, O.S. Kuzmina, A.N. Konopleva, B.D. Korsunskaya, E.I. Leonghard, N.N. Malofeyev, N.M. Nazarova, T.V. Pelymskaya, M.S. Staroverova, L.I. Tigranova, D.V. Shamsutdinova, L.E. Shevchuk, L.M. Shipitsina, L.E. Shkatova, N.D. Shmatko, T.V. Furyayeva and others). A number of Russian scientific schools are developing problems of defectology and special psychology, logically related to the goals and objectives of inclusive education (Kovalev and Staroverova, 2010: 29). A large contribution to the theoretical and methodological basis of the Russian model of educational inclusion was made by the developers of the concept of adaptive educational environment (M.R. Bityanova, N.A. Zaruba, T.M. Davydenko, N.P. Kapustin, P.I. Tretyakov, T.I. Shamova, I.S. Yakimanskaya, E.A. Yamburg and others). Currently, the Russian school of educational inclusion is based on considerable rules and regulations (Federal Law "On Education in the Russian Federation", Federal Law "On Education of People with Health Limitations (Special Education)" and others). Federal state educational standards for children with health limitations are being developed now. Russian teachers write about the need to create the "culture of inclusion" in the society (Kuznetsova, 2010; Suvorov, 2011; Shemanov and Popova, 2011; etc.), which undoubtedly will enable us to expand the sphere of scientific research and develop effective tools for the practical implementation of goals and objectives of inclusive education. In this article we will consider the peculiarities of organizing a test of the Russian language based on the example of one of the most numerous groups of migrants with musculoskeletal disorders (MSDs).

Problems faced by people with deprivation of musculoskeletal functions are precisely described in the psycho-pedagogical literature (Levchenko and Prikhodko, 2001; Larionova, 2001; psycho-pedagogical guidance, 2013; Semago and Semago 2000; etc.). The main difficulties singled out by specialists are: movement disorders, deficiencies in intellectual development, cognitive activity, speech impairments, hearing and eyesight disorders (up to 20-25% of cases of low vision, 10%-blindness, 20-30% of strabismus, which is accompanied by sight disturbance, especially of its external fields). Let us particularly consider the types of disorders that are directly connected with the test of Russian as a foreign language.

Test takers who belong to the analyzed categories suffer from movement disorders which typically appear in the form of muscular tonus disorder (spasticity, rigidity, hypotonus, dystonia) and disorders of coordination, fine motor skills, balance, as well as limitation of volitional movements, the presence of pathological reflexes and compulsive actions (hyperkinesis, tremor). There is also a deterioration of hearing, which most often results in the impairment of audio perception, audio-verbal memory and phonemic awareness suffered by this group of test takers, which is especially important for the organization and conducting of the language test. Impairments of the first type cause difficulties in memorizing audio information and retention of the memorized material in memory. Phonemically impaired people do not distinguish between words which sound similar [dam] (give) – [tam] (there), [god] (year) – [kot] (cat), etc.

The researchers also write about speech dysfunctions like dysarthria ranging from light and unapparent forms to severe cases like indistinct speech and problems with sound pronunciation, which in many cases are complicated by general underdevelopment of speech mechanisms. There are also disorders with prosody of speech (intonation-

expressive and melodic-intonation side of speech), which leads to the lack of modulation, lack of or poor presence of basic intonational patterns, weakness, low voice, difficulties in phrasal and logic stress. As the studies of the Russian scientists show (Khalilova, 1986), dysarthric pathology causes other dysfunctions in mechanisms of production and reception of speech such as weak differentiation of word meanings, unawareness of their exact meaning, inaccurate use of direct and indirect nomination, incorrect understanding of paradigmatic (synonymic, antonymic, hypo-hyperonymic), syntagmatic and derivational relations between lexical units. Specialists also record asthenic symptoms suffered by patients with disorders of the musculoskeletal system, resulting in low work efficiency, rapid exhaustion of mental processes, slow perception, and difficulties in concentration and shifting attention. Reliance on the principles of inclusive pedagogy will allow us to take into account the indicated specific features when organizing and conducting the Russian language testing for individuals with disorders of the musculoskeletal system.

Defining pedagogical inclusion as "the process of handling and responding to the diversity of an individual's needs through increasing participation in learning, cultures, and communities" (Guidelines for Inclusion ..., 2005), "a humanistic form of social approach to disability" (Nigmatov, 2013: 15); to the essential characteristics of this concept the researchers include the focus on "the elimination of various barriers to support each person" (ibid.), adoption of the right of people with disabilities to a high-quality joint educational activity, to the humanization of social relationships (Alekhina, 2010: 6), to their socialization and maximum self-realization (Kuzmina, 2015: 98). S.V. Alekhina stresses that inclusion in education is the "stage of inclusion in the society which is one of the humanistic ideas of its development" (Alekhina, 2010: 6).

The theoretical and methodological basis of inclusive pedagogy includes eight basic principles (Mikhalchenko, 2012: 78; Pugachev, 2012: 376; etc.], reliance on which will allow the Russian testing system to become more flexible and ensure equal rights and opportunities for all test takers with due regard to their special needs and requirements:

- a person's value does not depend on their abilities and accomplishments;
- everyone is able to feel and think;
- everyone has the right to communicate and to be heard;
- diversity strengthens all aspects of human life;
- genuine education can take place only in the context of real relationships;
- all people require support;
- for all the learners progress lies in what they can do, rather than in what they cannot do;
- all people need each other.

2. Methodology

The aim of the study was to develop requirements for the linguo-didactic testing system of migrants with health limitations, based on the above principles of inclusive pedagogy. The study was conducted by the collective generation of ideas. In this connection, the expert group was formed, which included competent professionals involved in training and testing people with disabilities: teachers of Russian as a foreign language who have worked at least 5 years; testing centers' employees who have worked at least 5 years; correctional teachers who have worked at least 5 years. Age of experts was 35-50 years.

In the course of the study a topical note was compiled, which characterized the principles, methods, terms and conditions of the study and indicated contradictions that prevent creating a test environment, friendly to the migrants with MSDs. The main form of the experts' work was 'brainstorming'. Further recommendations made at the generation stage were systematized and scrutinized comprehensively. The critical feedback given at the destructive stage was evaluated, a list of practically applicable, the most advanced requirements for the organization of linguo-didactic testing of migrants with musculoskeletal disorders was compiled.

3. Results

In the course of the carried out research the expert group formulated the requirements for linguo-didactic testing system for persons with musculoskeletal disorders:

- *discursive feasibility* and *discursive priority*, which should primarily be manifested in the development of the linguo-didactic description of communicative competence of the migrants with health limitations, determination of the test situations and selection of language, speech, communicative material included in the test materials;
- *adaptability*, which involves its structural, content, functional flexibility and variability;
- *availability* for all categories of the test takers, which necessitates a) reliance on the conservative analyzers of

the migrants with health limitations during the test of Russian as a foreign language; b) the use of technologies and means of sensory compensation with regard to the specific needs of the persons with health problems;
- involvement of testers and testologists having *inclusive competence* in the development of test materials and holding the examination

4. Discussion

The authors of this article propose measures to implement the requirements developed by experts. In order to ensure the discursive feasibility and discursive priority requirements, it is necessary to revise linguo-didactic description of communicative competence presented in the regulatory documents (Educational Standards ..., 1999). Linguo-didactic description, adopted in the National testing system for Russian as a foreign language, includes the following mandatory structural components: spheres, situations, topics of communication relevant to the test takers persons, their possible socio-communicative roles and intentions, the types of texts that they read or hear in the course of communication, requirements for skills in the main types of speech activities (SAT) (State educational standards for RFLT, 1999; Requirements ..., 2015). All of the above components must be specified in content and modified in the linguo-didactic description of the communicative competence of migrants with MSDs. The range of situations, the communication topics for this category of the test takers shall be determined with a focus on their priority discursive needs, taking into account the requirements of discursive expediency – the testers must first of all answer the questions: what is the real communicative practice of the migrants with disorders of the musculoskeletal system, which situations, topics, socio-communicative roles are most important for them.

In this regard the linguo-didactic characteristic of *official business communication sphere* of the analyzed category of the test takers undergoes rather significant changes. As the results of the expert discussion showed, in addition to those listed in Requirements (2015), the following situations of official-business communication are relevant for the migrants with health limitations:

- in the Social Security Department when clarifying the scope and nature of social assistance, when seeking help in addressing the problems related to health care, housing, consumer issues, etc.
- in the social and health centers, social and medical rehabilitation centers in case of necessity to provide specialized care at the place of residence, staying in the inpatient and semi-inpatient care center of social service, etc.;
- in the centers providing legal assistance to the disabled people and in the specialized legal advice offices in situations of seeking legal aid, including counseling, when protecting the rights of consumers of health services, housing problems;
- in public associations of the disabled people when discussing the problems of housing provision, employment assistance, vocational training and retraining, etc.;
- social and advisory centers for the persons with health limitations;
- when addressing to the Unified Social Hotline Service (free-of-charge Unified Social Care Service) to obtain the required advisory assistance;
- in the organizations engaged in medical-labor and activating therapy, etc.

Description of the *social welfare sphere* should be complemented by situations that are typical for migrants with health limitations. Thus, in everyday situations in the streets, in public transport, post offices, cafes, restaurants, hotels, outlined in the Requirements (2015: 8), it often becomes necessary for such people to turn to others for help. This, for example, can be the help when crossing the road, searching for any institution or organization. At the hostel, hotel, when dealing with landlords with regard to accommodation for temporary residence at the place of registration the migrants with health limitations need to find out the level of equipping the buildings with specialized tools: handrails, support systems, and other means to ensure "the availability of environment"; in pharmacy, for example, they need to find out about the procedure, conditions and possible specifics for the acquisition of the rehabilitation means, including technical and others.

Socio-cultural sphere situations should be complemented by communication:

- in the specialized cultural and leisure establishments;
- in the cultural and recreational centers for the persons with health limitations;
- in the social and cultural integration centers for the persons with health disorders and so on.

Expanding the list of communication situations makes it necessary to identify specific socio-communicative roles which can be played by the migrants with MSDs. This list should include the roles of:

- the visitor of the specialized government agencies and public organizations;
- the patient of inpatient and semi-inpatient care facilities of social, medical and rehabilitative orientation;

- the member of public associations of persons with health limitations, etc.

It is advisable to include such issues as "Rehabilitation problems", "Available/barrier-free environment", etc. into the communication topics being relevant to this category of the test takers persons.

The second of the mentioned above requirements – adaptability requirement – consists in the need to build an adaptive test environment, 'friendly' for people with health impairments. First of all, it relates to the linguo-didactic test structure (quantity of its components), which should be flexible and vary depending on the specific needs and requirements of the migrants with MSDs. The typical structure of RFL test for migrants has a modular structure and is formed by five sub-tests: "Vocabulary. Grammar", "Reading", "Listening", "Writing", "Speaking" (Requirements ..., 2015; Antonova et al., 2013). With the help of the first sub-test the knowledge of the Russian language is test takers: its vocabulary and grammar. The other sub-tests are aimed at checking the level of formation of skills and abilities in the main types of speech activity. Naturally, people with maldevelopment of one or more SAT are at a disadvantage as compared to the other test takers, which makes it required and mandatory to adapt structurally test materials. The modular structure of the RFL test allows 'adjusting' it to the needs of people with some form of ill health, and developing a version for the migrants with MSDs.

For the purposes of implementing the adaptability requirements, we consider it appropriate to exclude "Writing" sub-test from the testing procedure, since execution of this test requires considerable muscular efforts, including those associated with fine motor skills – 'fine motor activity' of hand. This recommendation is justified communicatively: this kind of verbal activity is either completely eliminated, or is not the leading one in the real communication of the analyzed group of persons. At the same time using the 4 sub-tests their general readiness to communication with native speakers of Russian can be effectively test takers. It should also be noted that the practice of structural adaptation of the test, including the elimination of one or more sub-tests from the procedure of the language examination for the persons with disabilities, exists in other countries (ADA, 1990; Bulletin Supplement …, 2014-2015; Bulletin Supplement …, 2015-2016; Key Principles…, 2011; etc.).

As noted above, it is not infrequent for this category of the test takers when they have aural and speech impairment and phonemic hearing disorders. Methodological consequence of these observations should be a special approach to the formulation and conduct of the "Listening" sub-test. It is reasonable to reduce sounding texts in volume (down to 50-60 words of the monologic text and 4-6 lines of the dialogue) – to reduce the short-term memory burden in the process of their semantic analysis. In addition, the inversion should be excluded, as well as complicated structures, homonyms, paronyms, etc. – to reduce the recent memory burden. The audio records of the sub-test material must present very clear commentary-quality speech with sufficient loudness, perhaps in a slightly slower pace (150-170 syllables per minute).

Content of the "Speaking" sub-test presented in the model RFL test for migrant workers (including communicative situational tasks and thematic conversation), in our view, is acceptable for performance by the test takers persons with disorders of the musculoskeletal system. At the same time, it is required to reconsider the parameters of oral speech as an object of evaluation and criteria for the examiners to be guided. Thus, the minimum amount of statements that the test takers has to create in the course of the sub-test should be reduced to 5-8 sentences, the required rate of speech should be reduced to 150-170 syllables per minute.

The item "Gross violations of phonetic-intonation rules" should be excluded from the evaluation criteria, each violation implies deduction of 1 point from the total assessment rate. The value of communicatively significant errors should be reduced down to 0.5 points and that of communicatively insignificant errors – down to 0.2 points, violations of speech etiquette norms should account for 0.4 points. At the same time we consider it reasonable to introduce criteria of "Coherence of statements" and "Consistency of statements", which are traditionally considered in speech assessment in RFLT practice. For each violation of coherence and consistency the test takers would lose 0.3 points out of the total assessment. The time available to perform this sub-test should be increased to 20-25 minutes (as compared to 15 minutes recommended in the Requirements (2015)).

Special requirements are applied to the examiners: their speech should be very clear, loud enough; the examiner should, if possible, choose the most frequent lexical items from a synonymic row, avoid indirect nominations and other semantic phenomena which would cause difficulties in this group of migrants for medical reasons. The lexical content of test tasks relating to "Vocabulary. Grammar", "Reading" and "Listening" must comply with the peculiarities of speech perception and speech reproduction of the migrants in this group: it is methodically advisable to exclude the lexical-semantic and lexical-grammatical phenomena that are not recommended by psychologists and physicians.

The functional adaptation of the test environment is also of great significance. It is important to organize properly the workplace of the migrants with MSDs in accordance with ergonomic principles: to provide additional lighting, to equip the place where the person with musculoskeletal disorders works with mechanisms and devices enabling to vary the

height and slope of the work surface, the height and tilt of the chair seat position, the angle of the chair, equipping with a special seat that provides compensation for the efforts on rising.

It is also necessary to allocate additional space for placement of the assisting equipment (wheelchairs, etc.) with regard to the entrance and turn, to increase the width of the aisle, to provide a place next to the doorway. This category of the test takers also has the right to the presence of an assistant to provide the necessary technical assistance, including in special cases (for medical reasons) – to record the written responses of the test takers, which complies with the international practice of the examination testing for the persons with health limitations (Bulletin Supplement…, 2014-2015; Bulletin Supplement…, 2015-2016). It is necessary to correct the temporary mode of the test: to increase the time for execution of tasks (by 1.5 - 2 times depending on the individual medical indications) and to provide additional breaks. In addition, testing is best done in the morning, because, according to experts, cerebro-asthenic manifestations generally increase toward the end of the day.

An important requirement for the system of linguo-didactic testing for migrants with MSDs formulated by experts is the accessibility: the most effective, methodologically valid tests may lose measuring force, validity and reliability if they are accompanied by vague, difficult to test takers instructions and are presented in the ununderstandable test format. Sub-test instructions standard in practices in Russia are presented as micro texts. The guidance information presentation in a tabular form (the number of tasks, their execution time, the possibility/impossibility to use a dictionary, etc.) seems optimum to us. The indication of the maximum number of points obtained on successful subtest completion can also be included in such a table and the iconic tools (diagrams or pictures) can be used as well. An integrated form of operational matrix presentation will greatly facilitate the procedure of the test completion. In the test practice in RFL it is accepted to present test materials and operating matrix as separate documents. For migrants with MSDs more convenient form will be the one with the operational matrix included into the test material. It is essential to print test tasks in large font in this document and to increase space for the test takers' responses.

Finally, the fourth requirement, formulated by experts is bringing to test development and performance of tests persons with inclusive competence. An inclusive competence of a tester is understood as the ability and willingness to develop test materials in Russian as a foreign language, taking into account the special needs and requirements of persons with disabilities, as well as the principles of teaching tolerance. The latter involves the specifics of text material selection, determination of test situations. It is important to eliminate the situations of communication in which test takers cannot happen to be, because of their illness, those intentions, which they cannot, for these reasons, to implement. The test materials should not contain information that can lead to the test taker's emotional imbalance and hinder the procedure of passing the test. Under the inclusive competence of a tester, we mean the ability and willingness to conduct the examination on the RFL in the format, convenient and accessible for migrants with disabilities. The inclusive competence of a tester and testologist includes common components:

- knowledge of the legal framework of inclusive pedagogy;
- knowledge of psychological and pedagogical characteristics of the main groups of persons with disabilities;
- the use of skills to adapt structural and substantive aspects of testing of Russian as a foreign language, etc.

Specific components of the tester's inclusive competence include the use of the harmonization strategy of pedagogical communication. Let us examine this component in more detail. The harmonization strategy is implemented in communication through a variety of tactics. The first group consists of speech diagnostics tactics, enabling at least at a first approximation to determine the test taker's type of personality, his psychoemotional state at the time of taking the exam and to build a common strategy of pedagogical communication on the basis of these data. The main tactics of this group are:

a) *the linguistic diagnostic tactics*, suggesting recording the number of words that relate to any part of speech or lexico-semantic group in the test taker's speech; determining the peculiarities of the theme-rheme division of an utterance; the analysis of the content of speech; prevailing of certain types of speech acts. For example, the prevalence of verbs in speech points to a person's activity and his/her commitment to practical action. The decline of this indicator suggests uncertainty, addiction and the state of alarm. If the test taker's speech is full of words and expressions with the meaning of obligation (*You have to, you must*, etc.), a tester has to do with the self-centered, authoritarian, uncompromising personality, prone to expansion and domination. In a speech of such people a large number of instructions (*Give ..., Show ..., Tell ...,* etc.) are also recorded. A large number of rheme structures are observed in introverts' speech. A significant predominance of the theme constructions points to a considerable personality, prone to moralizing;
b) *diagnostic tactics of the test taker's mental and emotional state, according to his/her speech and behavioral reactions* based on the recording and analysis of his/her gestures, facial expressions, posture. For example, long-term holding the hands on the throat (behavioral "synonym" for a lump in the throat) indicates the hidden

or overt alarm. Anxiety can also be manifested in "gesture confusion", "perplexity and surprise" mimicry, a large number of hesitation pauses, which are filled with a nervous cough, interjections, and parasitic filler words.

The harmonization tactics of pedagogical communication also include *tactics of reducing self-righteousness*, based on the knowledge and correct use of introductory structures (*in my opinion, in all probability, I think, perhaps,* and the like), corresponding modifications of base models of sentences (*I would advise to do it so*/*in such a way*...).

Tactics of "emotional strokes" are referred to harmonizing tactics as well: approval, encouragement, praise and compliment. The purpose of the use of these tactics is to respond positively to any act of the interlocutor, cheer him/her up, to arrange further activities. At that the tester points to the test taker's specific actions, character traits, personality traits, who he/she wants to support. Psychologists point out that the encouragement is a more effective stimulus to activity than censure: most people willingly respond to praise, and not to coercion. Another important kind of harmonizing tactics is the *tactic of empathic listening*, which, being active by nature, assumes knowledge of verbal and non-verbal cues of interlocutor understanding, empathy and compassion, the emotional solidarity with the patient.

Knowledge of *fascination tactics* helps the tester effectively build a dialogue with the test taker. Using these tactics allows you to relieve stress, to overcome communication barriers. Fascination tactics involve open communication, demonstration of sympathy, warm to the interlocutor, demonstration of readiness for discursive interaction, etc. As the researchers note, the subjective level of trust of the interlocutor can be improved by linguistic means. If the tester wants to convince the test taker in something, it should not look as imposing or pressure. According to psychologists, before a person takes someone else's point of view, it is a fairly painful change of opinions, habits and stereotypes occurring in his/her mind. The adoption of someone else's point of view "prompts" a person that the other one is smarter, more knowledgeable and competent. It is easier to convince a man if to use tactics not of direct, but indirect persuasion.

Guidelines prepared by experts in the field of inclusive pedagogy can also provide substantial assistance to testers who conduct the examination in Russian as a foreign language for migrants with MSDs (Gladilina, 2010: 87-88; Shemanov and Popova, 2011: 74 and others):

- in the course of pedagogical dialogue to focus on the abilities of the person, rather than his/her defects;
- to maintain his/her capabilities and skills, and not limitations;
- not to demonstrate exaggerated attention to a disabled person during testing;
- to use the word "people with disabilities, health problems" instead of "handicapped people", "a person who uses a wheelchair" instead of "confined to a wheelchair" in the process of communication;
- to prevent the test taker with visual impairment before touching, for example, when trying to help organize the workplace, arrange the examination papers; accompany all their actions with verbal commentary: test takers with such problems cannot always see all the physical movements of others;
- to always keep the test taker "within the field of pedagogical view": perhaps he/she needs more institutional support.

It appears that the requirements developed by experts and the ways of their implementation offered by us will enable the system of linguo-didactic testing to become more flexible, to provide equal rights and opportunities for all test takers with consideration to their specific needs and requirements.

5. Conclusion

1. The recognition of the inclusive pedagogy principles allowed formulating the following requirements for the system of linguo-didactic testing of migrants with health problems: discursive feasibility and discursive priority, adaptability, accessibility, the need to attract testers and testologists that have an inclusive competence. The peer review held in the study allowed making recommendations for the implementation of these requirements.
2. Linguo-didactic description of communicative competence of the category of migrants under analysis should be supplemented by situations, topics, nomenclature of socio-communicative roles having the discursive priority for the category of migrants under analysis.
3. The structural "adjustment" of test materials is necessary: the "Writing" sub-test should be excluded from the testing procedure since, on the one hand, this kind of speech activity is not principal to migrants with MSDs, on the other hand, and its implementation leads to an increased load on the sensor systems having subjected to deprivation.
4. Changes in the "Listening" sub-test include the correction of the volume of sounding texts (up to 50-60 words of monologic text and 4-6 utterances of the dialogue), slowing presentation motion (up to 150-170 syllables per minute), improving the audio quality.

5. In the "Speaking" sub-test it is advisable to reduce the minimum amount of the statements of the test down to 5-8 sentences, to reduce the minimum required rate of speech to 150-170 syllables. The item "Gross violations of phonetic-intonation rules" should be excluded from the assessment criteria, the importance of communicatively significant errors should be reduced down to 0.5 points, communicatively insignificant – down to 0.2 points, violations of speech etiquette – down 0.4 points, such criteria as "Coherence of utterance", and "Consistency of utterance" should be added.
6. The lexical content of "Vocabulary. Grammar", "Reading" and "Listening" test tasks should be determined according to the characteristics of speech perception and speech production by migrants in this category: it is advisable to systematically exclude the lexico-semantic and lexical and grammatical phenomena that are not recommended by psychologists and physicians.
7. The functional adaptation of the test environment, the correction of the time parameters of taking the test checks and the change of presentation form of test tasks are necessary.
8. Teachers participating in the procedure of preparation and conducting the test should have an inclusive competence. The inclusive competence of the testologist refers to the ability and willingness to develop test materials in Russian as a foreign language, taking into account the special needs and requirements of persons with disabilities, as well as the principles of teaching tolerance. The inclusive competence of the tester involves the ability and willingness to conduct the examination in the RFL format, convenient and accessible for migrants with disabilities.

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