



Implementation of Diagnostic Assessment in Indonesian Language Teaching at Junior High School

Sitti Rachmi Masie¹, Sayama Malabar², Nur Alin Benta³

^{1,2,3}Universitas Negeri Gorontalo

Article Info	Abstract
Received: 2026-10-13 Revised: 2026-10-17 Accepted: 2026-10-21 Keywords: <i>Diagnostic Assessment;</i> <i>Indonesian Language Teaching;</i> <i>Kurikulum Merdeka;</i> <i>Differentiated Instruction;</i> <i>Learning Needs</i> DOI: 10.24256/ideas.v14i2.12901 Corresponding Author: Sitti Rachmi Masie sittirachmi@ung.ac.id Universitas Negeri Gorontalo	<i>This study examines the implementation of diagnostic assessment in Indonesian language teaching at SMP Negeri 1 Bulango Selatan under the Kurikulum Merdeka, focusing on assessment forms, implementation processes, and challenges. A qualitative descriptive approach was employed, involving one Indonesian language teacher (G1), three classroom observation sessions, a semi-structured interview, and document analysis of Grade VII and VIII teaching modules. Data were analyzed through reduction, display, conclusion drawing, and triangulation. The findings identified prompting questions, oral questioning, brainstorming, and multiple-choice quizzes as diagnostic assessment practices. Grade VII emphasized contextualized visual stimuli and interactive questioning, whereas Grade VIII combined questions about reading experiences and narrative elements with a ten-item diagnostic quiz. Cognitive assessment was more systematically represented, while non-cognitive characteristics were explored informally without structured instruments. Classroom observations confirmed the implementation of initial diagnostic activities, and G1 reported using students' responses to adjust instruction. However, teaching documents did not explicitly establish procedures for interpreting assessment evidence, identifying individual learning needs, or determining differentiated instructional follow-up. Additional challenges included inconsistencies in assessment documentation, difficulties interpreting students' oral participation, and time constraints. The study concludes that diagnostic assessment is incorporated into classroom practice, but the connection between assessment evidence and instructional action remains insufficiently systematic. A six-stage diagnostic assessment cycle is proposed to strengthen the interpretation, documentation, and instructional use of diagnostic information.</i>

1. Introduction

The implementation of the Kurikulum Merdeka in Indonesia emphasizes student-centered learning that accommodates differences in students' abilities, interests, and learning needs. Within this framework, diagnostic assessment refers to the systematic collection and interpretation of information about students' prior knowledge, prerequisite competencies, learning difficulties, and characteristics before or at the beginning of instruction. Its primary purpose is to identify learning needs and inform subsequent instructional decisions rather than merely measure initial achievement (Alfageh et al., 2024; Isbell, 2021). Diagnostic assessment is therefore closely connected to differentiated instruction, which requires teachers to adapt learning activities to students' readiness and individual characteristics (Apriana et al., 2026). Although the Kurikulum Merdeka provides a relevant policy context for these practices (Halim et al., 2024), their implementation depends on whether teachers can translate assessment information into appropriate learning support.

Diagnostic assessment encompasses cognitive and non-cognitive dimensions. Cognitive assessment identifies students' prerequisite knowledge, conceptual understanding, and potential learning difficulties, whereas non-cognitive assessment explores characteristics such as learning interests, motivation, emotional readiness, and conditions affecting participation. Both dimensions are relevant to identifying students' learning needs and selecting appropriate instructional strategies (Supriyadi et al., 2022). Conceptually, diagnostic assessment and formative assessment are related but serve distinguishable purposes.

Diagnostic assessment primarily establishes students' initial learning conditions and needs, while formative assessment involves the ongoing collection and use of evidence during instruction to guide feedback and instructional adjustments. Both may contribute to assessment for learning, which emphasizes the interpretation and use of assessment evidence to support subsequent teaching and learning (Black & Wiliam, 1998, 2009). Accordingly, the educational value of diagnostic assessment depends not only on identifying initial competencies but also on how its findings inform instructional planning and follow-up.

In Indonesian language teaching, diagnostic assessment presents particular challenges because learning involves interconnected listening, speaking, reading, and writing competencies alongside critical thinking and literary appreciation. Students may demonstrate different levels of understanding across these competencies, making their learning needs difficult to identify through a single assessment format (Nan, 2018; Newton et al., 2018). For example, limited participation in oral questioning does not necessarily indicate inadequate reading comprehension, while familiarity with fictional narratives may not reflect students' ability to analyze characters, settings, or plot.

These distinctions are particularly important in literary instruction, where students' interpretations are influenced by prior reading experiences and literacy practices (Halimah, 2020; Masie et al., 2017, 2022, 2025). Consequently, diagnostic assessment in Indonesian language teaching requires complementary forms of evidence to distinguish conceptual difficulties from differences in communication, participation, and learning experiences.

Existing research has established the relevance of diagnostic instruments, assessment literacy, and evidence-informed instruction. Cognitive diagnostic assessment can help identify differentiated learning needs (Sujinah et al., 2024), while technology-supported assessment and formative feedback provide opportunities to inform instructional adjustments (Huang et al., 2024; Waskito et al., 2022). However, the availability of assessment instruments does not ensure that teachers can interpret the resulting evidence and translate it into pedagogical decisions. Research on classroom assessment literacy and teachers' diagnostic practices highlights the importance of these interpretive competencies (Fitriyah et al., 2022; Jimola & Ofodu, 2019).

Similarly, studies of data-based decision-making emphasize that instructional improvement depends on the purposeful use of assessment information rather than data collection alone (O'Connor & Park, 2023; Schildkamp, 2019). Taken together, these studies provide a foundation for understanding assessment practices, but further contextual examination is needed of how initial diagnostic evidence is connected to interpretation, instructional decisions, and documented follow-up within Indonesian language classrooms.

This issue is particularly relevant at SMP Negeri 1 Bulango Selatan, where preliminary analysis of Grade VII and VIII teaching modules identified several planned diagnostic activities, including prompting questions, oral questioning, brainstorming, and multiple-choice quizzes. The Grade VII module incorporates images of local tourist attractions to activate prior knowledge and encourage students to connect instructional content with familiar experiences. These locally contextualized stimuli are pedagogically significant because they provide accessible opportunities for students to express their initial understanding while situating assessment within their everyday environment.

Meanwhile, the Grade VIII module includes introductory questions concerning reading experiences and knowledge of fictional elements, such as characters, settings, and plot. These activities demonstrate different approaches to eliciting diagnostic information in language and literary instruction. Nevertheless, the Grade VII assessment summary refers to a multiple-choice quiz, whereas its instructional scenario emphasizes oral questioning and brainstorming. Moreover, structured non-cognitive instruments and explicit procedures for interpreting assessment results and determining instructional follow-up are insufficiently specified in the examined documents. These discrepancies concern the alignment of documented assessment components; they do not, by themselves, establish how every activity was implemented in the classroom.

The central research problem, therefore, is not simply whether diagnostic assessment has been included in instructional planning, but whether the evidence it produces is systematically interpreted, documented, and translated into differentiated instructional decisions. Although initial assessment activities are represented in the teaching modules, the connection between collecting diagnostic information and determining subsequent learning support remains insufficiently explicit. This distinction is important because informal oral questioning and contextualized activities can provide useful diagnostic evidence without necessarily requiring formal written tests. Their instructional value, however, depends on clearly defined purposes, meaningful interpretation, and appropriate follow-up. Examining this connection can clarify the difference between conducting diagnostic activities and establishing a coherent assessment-to-instruction process.

To address this problem, the study examines diagnostic assessment in Indonesian language teaching at SMP Negeri 1 Bulango Selatan through three research questions: (1) What forms of diagnostic assessment are used in Indonesian language teaching? (2) How is diagnostic assessment implemented from instructional planning through interpretation to instructional follow-up? and (3) What challenges are encountered during its implementation? The study contributes a context-specific, integrated examination of assessment forms, cognitive and non-cognitive dimensions, implementation procedures, and the relationship between diagnostic evidence and instructional decision-making. Rather than claiming an entirely new assessment approach, it seeks to clarify where the assessment-to-instruction process is supported by evidence and where systematic interpretation, documentation, and follow-up require further development within the Kurikulum Merdeka framework.

2. Method

This study employed a qualitative descriptive approach to examine the implementation of diagnostic assessment in Indonesian language teaching at SMP Negeri 1 Bulango Selatan, Bone Bolango Regency, Gorontalo Province, Indonesia. The approach was selected to investigate assessment forms, implementation procedures, and challenges within the natural classroom context of the Kurikulum Merdeka. According to Creswell (2014), qualitative research emphasizes understanding participants' experiences and meanings through data collected in natural settings and interpreted within their contexts. Accordingly, this approach was considered appropriate for examining the relationship between diagnostic assessment practices, instructional planning, and classroom implementation.

The study involved one Indonesian language teacher, identified as G1, who was the only Indonesian language teacher at SMP Negeri 1 Bulango Selatan. The participant was selected purposively based on direct responsibility for Indonesian language instruction and diagnostic assessment implementation at the school. The code G1 was used to protect the teacher's identity. Additional data sources comprised classroom learning activities and Grade VII and VIII teaching modules and assessment instruments, which were examined to investigate the relationship between assessment planning, classroom implementation, interpretation of assessment information, and instructional follow-up.

Data were collected through a semi-structured interview, non-participant classroom observations, and document analysis. The interview with G1 lasted approximately 45 minutes. With the teacher's consent, the interview was audio-recorded and subsequently transcribed by the research team. The interview explored the teacher's understanding of diagnostic assessment, instrument selection, initial assessment procedures, interpretation of students' responses, instructional adjustments, and challenges encountered during implementation.

Classroom observations were conducted across three sessions, each lasting approximately 80 minutes, with the researchers acting as non-participant observers. The observations focused on four indicators: (1) implementation of diagnostic activities at the beginning of instruction, (2) identification of students' initial abilities and learning needs, (3) adjustment of instructional activities based on assessment information, and (4) instructional follow-up. Observation data were distinguished from teacher-reported practices and procedures documented in teaching modules to avoid treating planned, reported, and directly observed activities as equivalent evidence.

Document analysis involved Grade VII and VIII teaching modules and their associated assessment instruments. The analysis examined learning objectives, initial assessment activities, assessment formats, cognitive and non-cognitive components, procedures for interpreting assessment information, and planned instructional follow-up. Cognitive assessment was identified through tasks designed to elicit prior knowledge, prerequisite competencies, and conceptual understanding. Non-cognitive assessment was identified through activities addressing students' learning interests, motivation, reading experiences, and conditions affecting classroom participation. Particular attention was given to the alignment between assessment instruments, instructional sequences, and documented procedures for determining additional learning support or enrichment.

The analysis was aligned with the three research questions. Assessment forms were examined through teaching documents, classroom observations, and the teacher interview, focusing on assessment types, purposes, and cognitive and non-cognitive dimensions. Implementation processes were analyzed by tracing the relationship between planning, initial assessment, interpretation, and instructional follow-up across the three sources. Implementation challenges were identified by examining evidence concerning assessment documentation, interpretation procedures, time constraints, assessment instruments, and instructional follow-up. This alignment ensured that each research question was addressed through relevant evidence rather than relying on a single source.

Data were analyzed using an interactive qualitative process involving data reduction, data display, and conclusion drawing. The initial organization of data followed three categories derived from the research questions: forms of diagnostic assessment, implementation processes, and implementation challenges. Within these categories, interview transcripts, observation records, and teaching documents were examined to identify relevant information and recurring patterns. Evidence was then organized descriptively and compared across sources to identify consistencies and discrepancies. Conclusions were developed by distinguishing documented procedures, teacher-reported practices, and directly observed instructional activities, particularly when examining how diagnostic information informed subsequent teaching decisions.

The trustworthiness of the findings was addressed through source and methodological triangulation by comparing information obtained from the teacher interview, classroom observations, and teaching documents. Discrepancies between sources were retained as analytical findings rather than automatically resolved in favor of one source. For example, when G1 reported using assessment information to adjust instruction but teaching modules did not explicitly describe corresponding follow-up procedures, the interview was treated as evidence of reported practice and the documents as evidence of instructional planning. Observation records were considered separately when determining whether an activity had been directly observed. This comparison allowed the researchers to identify areas of agreement and divergence without claiming that the absence of documentary evidence necessarily indicated the absence of classroom practice.

Ethical procedures were undertaken before data collection. The research team submitted a formal permission request to the school principal and obtained approval from the principal and the Indonesian language teacher. The teacher and students agreed to participate in the research activities. The teacher's identity was protected through the

code G1, while student-related observational information was reported without personally identifying details. Because the study was conducted at one school and involved one Indonesian language teacher, the findings were interpreted as context-specific evidence of diagnostic assessment implementation rather than a basis for statistical generalization.

3. Result

Forms of Diagnostic Assessment in Indonesian Language Teaching at SMP Negeri 1 Bulango Selatan

The findings from classroom observations, teacher interviews, and document analysis identified four forms of diagnostic assessment in Indonesian language teaching at SMP Negeri 1 Bulango Selatan: prompting questions, oral questioning, brainstorming activities, and multiple-choice quizzes. These assessment formats were used to explore students' prior knowledge, learning experiences, reading interests, and initial understanding of instructional content. Although diagnostic assessment was incorporated into both Grade VII and Grade VIII instruction, differences were identified in the use of contextual materials, assessment formats, and the documentation of assessment procedures.

In Grade VII, classroom observations confirmed that the teacher used images of local tourist attractions as visual stimuli during the introductory phase of instruction. Students were invited to identify the objects presented, respond to guiding questions, and relate the images to their everyday experiences. The teacher subsequently facilitated brainstorming activities that encouraged students to share their initial understanding and relevant ideas before proceeding to the main learning activities. These observed practices corresponded to the Grade VII teaching module, which incorporated contextualized images, prompting questions, and brainstorming as part of its initial instructional sequence.

The classroom observations also showed that diagnostic questioning was integrated into oral interaction rather than conducted exclusively through written testing. The teacher provided opportunities for students to express their knowledge through responses to familiar visual materials and classroom discussion. The Grade VII module additionally described brainstorming as a noncompetitive activity intended to encourage participation without comparing students' answers. However, the documented assessment procedures did not include a structured instrument for recording students' confidence, motivation, or other non-cognitive characteristics. Teacher G1 explained as follows:

"Before starting a lesson, I usually ask students several questions to assess their prior understanding of the topic. I prefer oral questioning because students' responses help me identify those who already understand the material and those who still need further explanation. Sometimes, I also use images that are familiar to students and relevant to their everyday lives to help them respond more easily." (G1, Teacher Interview)

The teacher's account was consistent with the observed use of oral questioning and contextualized visual stimuli. However, document analysis revealed a discrepancy between the Grade VII initial assessment summary and the instructional scenario. Although the assessment summary listed a multiple-choice quiz, the instructional scenario primarily emphasized prompting questions and brainstorming. The module did

not explicitly describe how the written quiz was sequenced or integrated with the oral activities. This finding indicates an inconsistency in assessment documentation rather than establishing that the quiz was not administered.

In Grade VIII, diagnostic assessment was incorporated into the instructional unit *Reviewing Fictional Works: My Favorite Stories*. Classroom observations confirmed that the teacher introduced the lesson through questions about students' reading experiences and their familiarity with fictional narratives. Students were asked about stories they had read and their understanding of narrative elements, including characters, settings, and plot. These activities corresponded to six introductory questions identified in the Grade VIII teaching module, which addressed reading interests, previous reading experiences, reasons for reading preferences, and initial knowledge of fictional works.

The Grade VIII teaching module also contained a ten-item multiple-choice diagnostic quiz covering fictional works, narrative elements, and story comprehension. During classroom observations, the research team confirmed that the teacher administered an initial quiz following the introductory questioning. The observed sequence therefore included both oral questioning and written assessment. However, the study did not independently analyze students' completed quizzes or individual scores, and the available evidence does not establish their actual proficiency levels or subsequent learning improvement. Teacher G1 described as follows:

"When teaching fictional works, I usually begin by asking students about stories they have read. I ask whether they enjoy reading, what stories they are familiar with, and whether they can identify the characters or describe the plot. Afterward, I administer an initial quiz to assess their understanding before introducing the lesson content." (G1, Teacher Interview)

The interview account corresponded to the observed introductory questioning and quiz administration, while document analysis confirmed the inclusion of the ten-item instrument. Together, these sources established the use of complementary oral and written assessment formats in Grade VIII. Nevertheless, the teaching module did not provide explicit procedures for recording or interpreting students' individual responses to determine subsequent instructional support.

Across both grades, diagnostic assessment primarily emphasized cognitive competencies through oral questioning and written tasks addressing prior knowledge and conceptual understanding. Non-cognitive characteristics, including reading interests, learning experiences, and access to digital devices, were acknowledged through introductory questions and instructional planning but were not supported by structured assessment instruments or systematic recording procedures. The findings demonstrate the integration of contextualized and interactive diagnostic activities in Grade VII and the combination of oral questioning and written assessment in Grade VIII. The relationship between diagnostic information, its interpretation, and instructional follow-up is examined in the next section.

The Implementation Process of Diagnostic Assessment: From Planning to Instructional Follow-Up

The implementation of diagnostic assessment in Indonesian language teaching at SMP Negeri 1 Bulango Selatan was examined through four stages: planning, initial assessment, interpretation of assessment information, and instructional follow-up. Evidence from classroom observations, the teacher interview, and teaching documents

showed that initial assessment activities were incorporated into instructional planning and classroom instruction. However, the documentation of how diagnostic information was interpreted and translated into subsequent instructional decisions was less explicit.

At the planning stage, the Grade VII teaching module included contextual visual materials, prompting questions, and brainstorming activities designed to elicit students' prior knowledge. The Grade VIII module identified differences in students' reading experiences and initial understanding of fictional works and incorporated a ten-item multiple-choice diagnostic quiz. Document analysis confirmed that both modules provided initial assessment activities, although neither clearly specified procedures for systematically recording individual responses and linking them to subsequent instructional decisions.

At the implementation stage, classroom observations confirmed the use of prompting questions, oral interaction, and contextual visual materials in Grade VII. In Grade VIII, the teacher introduced fictional works through questions about students' reading experiences and understanding of narrative elements, followed by an initial quiz. The Grade VIII teaching module further outlined reading activities involving the short story Kotak Sulap Paman Tom (Uncle Tom's Magic Box), identification of relevant information, discussion of narrative elements, and presentation of interpretations. These findings show that diagnostic activities were incorporated into the introductory phase of instruction, while the relationship between initial responses and subsequent learning activities was not fully specified in the teaching documents. Regarding the interpretation of assessment information, teacher G1 explained:

"I prepare questions before each lesson based on the material to be taught. During the lesson, I pay attention to students' responses. If many students still struggle to understand the material, I explain it again using simpler examples. If they demonstrate sufficient understanding, I proceed to the next learning activity." (G1, Teacher Interview)

The interview account indicates that G1 reported considering students' responses when deciding whether to provide additional explanations or proceed with instruction. However, document analysis found no explicit procedures for recording individual responses, establishing interpretation criteria, or systematically identifying students requiring different levels of instructional support. Thus, the teacher's reported instructional judgments were not accompanied by sufficiently detailed documentary evidence of the assessment interpretation process. The instructional follow-up stage was further described by G1 in relation to the Grade VIII diagnostic quiz:

"After students complete the initial quiz, I examine which questions they answered incorrectly most frequently. If they have difficulty understanding characters, settings, or plot, I provide another story and guide them in identifying these elements. Meanwhile, students who already understand the material are encouraged to evaluate the story and explain the reasons for their judgments." (G1, Teacher Interview)

This account describes two reported forms of instructional adjustment: guided identification of narrative elements for students experiencing difficulties and more advanced interpretive activities for students demonstrating greater understanding. Nevertheless, the study did not independently analyze completed diagnostic quizzes, individual scores, or records linking particular student responses to specific follow-up activities. Consequently, these adjustments are presented as teacher-reported practices rather than independently verified outcomes of diagnostic assessment.

A comparison of the three data sources revealed an important distinction between the implementation of initial assessment activities and the documentation of subsequent instructional decisions. Classroom observations confirmed the introductory diagnostic activities described above, while the teacher interview provided accounts of how assessment information was used to adjust instruction. However, the Grade VII and VIII teaching modules did not explicitly establish criteria for interpreting responses, determining additional support, or assigning enrichment activities. In particular, the Grade VIII module included reading, discussion, presentation, and review-writing activities without specifying how diagnostic quiz results determined students' participation in different learning tasks.

The findings indicate that diagnostic assessment was incorporated into instructional planning and introductory classroom activities, whereas the interpretation and instructional follow-up stages were more evident in the teacher's accounts than in formal teaching documents. This discrepancy concerns the traceability of assessment-based instructional decisions and does not establish that instructional adjustments were absent from classroom practice. The strongest evidence therefore relates to the implementation and documentation of diagnostic assessment rather than measurable improvements in students' learning outcomes.

Challenges in Implementing Diagnostic Assessment under the Kurikulum Merdeka

The findings identified four main challenges in implementing diagnostic assessment in Indonesian language teaching at SMP Negeri 1 Bulango Selatan: inconsistencies in assessment documentation, limited structured non-cognitive assessment instruments, difficulties interpreting students' responses, and time constraints affecting instructional follow-up. These challenges were identified through document analysis and the teacher interview, with classroom observations providing contextual evidence of the initial assessment activities.

The first challenge concerned inconsistencies between assessment instruments and instructional procedures. Document analysis revealed that the Grade VII teaching module listed a multiple-choice quiz in its initial assessment summary, whereas the instructional scenario emphasized prompting questions and brainstorming. Although classroom observations confirmed the use of oral questioning and contextualized visual materials, the module did not clearly specify how the written quiz was integrated with these activities. Similarly, the Grade VIII module included a ten-item diagnostic quiz without explicit criteria for interpreting individual responses or determining subsequent instructional support. These findings indicate limitations in the documentation of assessment procedures rather than demonstrating that the activities were not implemented.

The second challenge involved the limited use of structured instruments for non-cognitive assessment. The Grade VII module acknowledged differences in students' reading interests and access to digital devices, while the Grade VIII module included questions about reading experiences and preferences. However, neither module provided a specific instrument or systematic recording procedure for interpreting these characteristics. Consequently, information about students' non-cognitive learning conditions was primarily addressed through informal questions and instructional planning rather than documented assessment procedures.

The third challenge concerned the interpretation of students' oral responses, particularly differences in classroom participation. During the observed introductory activities, oral questioning provided opportunities for students to demonstrate their initial understanding. However, participation alone did not establish whether a student had mastered the learning content. Teacher G1 described this difficulty as follows:

"The main difficulty is that students have different abilities. Some respond quickly to questions, while others remain silent even when given opportunities to participate. Sometimes, I find it difficult to determine whether students who remain silent do not understand the material or are simply reluctant to speak." (G1, Teacher Interview)

The teacher's account indicates uncertainty in distinguishing limited conceptual understanding from reluctance to respond orally. This difficulty was reported by G1 and was not independently assessed through individual student interviews or additional measures of students' comprehension. The finding therefore concerns the interpretation of classroom participation rather than a verified classification of students' learning difficulties.

The fourth challenge involved the time required to examine diagnostic information and prepare instructional follow-up. Teacher G1 explained:

"One challenge I experience is finding sufficient time to review initial assessment results and adjust learning activities. After students complete the assessment, I still need to identify those who require additional support, while the instructional material must also be covered within the available time." (G1, Teacher Interview)

This account identifies competing instructional demands, including reviewing students' responses, identifying additional learning needs, preparing appropriate assistance, and completing planned instructional activities. Although the teacher reported time constraints, the study did not independently measure the time required for these tasks or their frequency across lessons. The evidence therefore establishes a teacher-reported implementation challenge rather than a quantified limitation.

The challenges identified in this study concerned the consistency of assessment documentation, systematic collection of non-cognitive information, interpretation of oral responses, and time available for instructional follow-up. Document analysis provided evidence of gaps in assessment procedures, while the teacher interview highlighted practical difficulties in interpreting responses and managing instructional demands. These findings reinforce the distinction between conducting initial diagnostic activities and systematically documenting how the resulting information informs subsequent teaching decisions.

4. Discussion

The findings reveal that the principal challenge in implementing diagnostic assessment at SMP Negeri 1 Bulango Selatan is not the absence of assessment activities but the limited traceability of how diagnostic evidence informs subsequent instructional decisions. Prompting questions, oral questioning, brainstorming, and multiple-choice quizzes were incorporated into Indonesian language teaching, indicating that the initial collection of learning information had become part of instructional practice. However, the teaching modules provided less explicit guidance on recording students' responses, interpreting assessment evidence, identifying learning needs, and determining instructional follow-up.

This distinction extends the assessment-for-learning perspective of Black and Wiliam (2009), who emphasize the elicitation, interpretation, and instructional use of learning evidence. The present study contributes a context-specific account of how these interconnected processes may develop unevenly: diagnostic information can be collected through classroom activities without being systematically documented as a basis for subsequent teaching decisions.

Differences between Grades VII and VIII further demonstrate that diagnostic assessment can take different forms according to instructional content. In Grade VII, images of local tourist attractions were used to stimulate oral questioning and brainstorming, connecting students' existing knowledge with familiar sociocultural contexts. This contextualized approach represents a pedagogical strength because it provides accessible opportunities for students to express prior understanding through everyday experiences.

In Grade VIII, introductory questions about reading experiences and narrative elements were combined with a ten-item multiple-choice quiz, creating opportunities to explore both students' familiarity with fictional works and their initial conceptual knowledge. These findings complement Refoina and Rustam (2024) and Ridhiyalira et al. (2024), who highlight the relevance of diagnostic assessment in Indonesian language instruction. Importantly, the comparison indicates that assessment quality cannot be determined solely by whether instruments are written or informal. Oral questioning and brainstorming can provide relevant diagnostic information when their purposes are clear and students' responses are interpreted appropriately.

Nevertheless, the contrast between the two grades exposes different documentation challenges. In Grade VII, the assessment summary included a multiple-choice quiz, whereas the instructional scenario emphasized oral questioning and brainstorming without explaining how the formats were integrated. In Grade VIII, the diagnostic quiz was more explicitly documented, but the module did not establish clear criteria linking students' responses to additional instructional support or enrichment. These findings suggest that the central issue is not the selection of a particular assessment format but the alignment between assessment objectives, evidence collection, interpretation, and instructional action. Heritage et al. (2009) emphasize the importance of transforming assessment information into instructional decisions. The present findings add that the presence of a structured instrument does not necessarily resolve this problem: even when a written diagnostic quiz is available, its instructional function remains difficult to trace when response interpretation and follow-up procedures are not explicitly documented.

The gap between diagnostic evidence and instructional follow-up may reflect several interacting conditions. Teacher G1 reported time constraints when reviewing assessment results, identifying students requiring additional assistance, and preparing instructional adjustments while completing planned lesson content. This provides direct evidence of a practical implementation challenge. Other possible explanations include the demands of documenting individual responses, unclear interpretation criteria, limited assessment literacy, and the absence of readily applicable follow-up procedures.

However, these additional factors were not independently established as causes in the present study and should be considered plausible interpretations of the documentary gaps. Brookhart (2011) emphasizes the importance of assessment literacy in selecting instruments, interpreting evidence, and using assessment information, while Firmanzah

and Sudibyo (2021) discuss challenges associated with diagnostic assessment implementation. In this context, the findings suggest that improving diagnostic practice may require not only additional assessment instruments but also manageable procedures that help teachers connect evidence with specific instructional decisions.

The findings also reveal an imbalance between cognitive and non-cognitive assessment. Both teaching modules explicitly addressed prior knowledge and conceptual understanding through questions and assessment items, whereas reading interests, learning experiences, and access to digital resources were explored more informally. This does not mean that informal exploration of non-cognitive characteristics is inherently inadequate.

Rather, the limitation concerns the absence of clear indicators and recording procedures for determining how such information contributes to instructional planning. Amanda et al. (2025) demonstrate the relevance of combining cognitive assessment with non-cognitive questionnaires in Indonesian language instruction. The present study extends this discussion by identifying the need to distinguish between recognizing students' characteristics and establishing a systematic process for interpreting and using that information. Brief observation records, targeted questions, or concise questionnaires could complement existing classroom interactions, provided that their purposes are relevant to instructional decisions and that students' personal information is handled appropriately.

A particularly important interpretive challenge concerns students who remain silent during oral questioning. G1 reported difficulty distinguishing students who lacked conceptual understanding from those who were reluctant to respond. This finding illustrates the risk of equating verbal participation with learning readiness. A student's silence may reflect several possibilities, including uncertainty, reluctance to speak, or limited comprehension, none of which can be established through the absence of an oral response alone.

Consequently, diagnostic interpretation should draw on complementary evidence, such as short written responses, individual reflection, brief comprehension tasks, or subsequent classroom work. These methods need not replace interactive questioning; instead, they can provide additional information when oral participation is ambiguous. The implication is that assessment practices should accommodate differences in how students demonstrate understanding rather than treating immediate verbal responses as the sole indicator of competence.

The relationship between diagnostic information and differentiated instruction is another important implication. In Grade VIII, G1 reported providing additional examples and guided identification of narrative elements for students experiencing difficulties, while offering more advanced interpretive tasks to students considered ready for further challenges. However, the available evidence did not independently establish how individual quiz responses determined these adjustments.

This distinction matters because differentiated instruction requires more than the availability of different learning activities; it requires a defensible connection between identified learning needs and the support provided. Smale-Jacobse et al. (2019) and Deunk et al. (2018) emphasize the relevance of differentiated instruction for addressing heterogeneous learning needs. Within the present context, the findings suggest that diagnostic evidence could be organized around specific indicators, such as identifying characters, recognizing settings, explaining plot sequences, and interpreting narrative

meaning. These indicators could then inform flexible instructional support without assuming that students should be assigned fixed ability categories (Angelika & Setiawan, 2023).

Instructional follow-up should also incorporate feedback and opportunities to examine students' subsequent understanding. Sadler (1989) emphasizes the relationship between current performance, expected standards, and actions needed to address learning gaps. Hattie and Timperley (2007) and Shute (2008) similarly highlight the value of specific, actionable feedback, while Nicol and Macfarlane-Dick (2006) connect formative assessment with the development of self-regulated learning. Applied to Indonesian literary instruction, these perspectives suggest that students who struggle to identify narrative elements could receive guided textual examples and focused feedback before completing another short task. Students demonstrating stronger conceptual understanding could be invited to justify interpretations or compare narrative structures. These examples are proposed instructional applications rather than observed effects of the intervention. Their relevance lies in making the relationship between diagnostic evidence, instructional decisions, and subsequent reassessment more explicit.

Drawing on these findings, this study proposes a six-stage diagnostic assessment cycle: Planning → Eliciting Evidence → Interpreting Evidence → Identifying Learning Needs → Differentiating Instruction → Monitoring Progress. Planning involves identifying the competencies and learning characteristics to be examined. Eliciting evidence involves collecting information through questions, observation, written tasks, or other appropriate activities. Interpreting evidence requires examining students' responses against relevant learning indicators, while identifying learning needs involves determining the specific concepts or skills requiring additional support.

Differentiating instruction connects these needs with appropriate teaching activities, and monitoring progress involves checking whether students' understanding has changed following instructional adjustments. In the present study, planning and evidence elicitation were relatively visible in the teaching modules and introductory classroom activities, while interpretation and follow-up were more clearly described in the teacher interview than systematically documented in the instructional materials. The available evidence concerning progress monitoring was also limited. The proposed cycle therefore serves as an analytical and practical framework derived from the findings, rather than a model whose effectiveness has been empirically tested.

The study's contribution lies in identifying where the diagnostic assessment process becomes less transparent as it moves from collecting evidence to determining and documenting instructional action. This contribution is context-specific because the research involved one Indonesian language teacher at one school, three classroom observation sessions, an interview, and Grade VII and VIII teaching materials. The study did not independently analyze individual diagnostic quiz scores, establish the reasons for students' silence, or measure changes in learning outcomes. Accordingly, the findings cannot establish the effectiveness of diagnostic assessment or differentiated instruction in improving achievement.

Instead, they provide evidence of how diagnostic activities are incorporated into Indonesian language teaching and identify areas in which documentation, interpretation, and instructional follow-up may be strengthened. Further research could examine the application of the proposed assessment cycle across more teachers and classrooms and

investigate whether clearer evidence-to-action procedures support more consistent instructional decisions and subsequent learning progress.

5. Conclusion

This study found that diagnostic assessment was incorporated into Indonesian language teaching at SMP Negeri 1 Bulango Selatan through contextualized visual prompts, oral questioning, brainstorming, and multiple-choice quizzes. Grade VII emphasized locally relevant visual materials and interactive questioning, whereas Grade VIII combined questions about reading experiences and narrative elements with a ten-item diagnostic quiz.

Although initial assessment activities were evident in instructional planning and classroom implementation, procedures for recording and interpreting students' responses and linking diagnostic evidence to instructional follow-up were less systematically documented. Additional challenges included limited structured non-cognitive assessment, difficulties distinguishing students' lack of understanding from reluctance to participate orally, and teacher-reported time constraints. The findings therefore identify a gap between collecting diagnostic information and documenting its use in subsequent instructional decisions, rather than demonstrating that instructional adjustments were absent.

The study contributes a context-specific understanding of this evidence-to-action gap and proposes a six-stage diagnostic assessment cycle: Planning → Eliciting Evidence → Interpreting Evidence → Identifying Learning Needs → Differentiating Instruction → Monitoring Progress. This cycle provides a practical framework for strengthening the connection between assessment activities, learning needs, instructional support, and subsequent monitoring, but its effectiveness has not been empirically tested. Given the study's focus on one teacher at one school and the absence of independent analyses of individual quiz results or learning outcomes, the findings do not establish improvements in student achievement. Future research could examine the application of the proposed cycle across different classrooms and investigate how systematic interpretation, documentation, and instructional follow-up relate to students' learning development.

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