

STAGES OF LOGOPEDIC INFLUENCE IN PREPARING CHILDREN WITH SPEECH DEFECTS FOR SCHOOL EDUCATION

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ABSTRACT

The successful conditions of the speech therapy effect create good conditions for eliminating pronunciation deficiencies: emotional contact of the speech therapist with the child; organize training in an interesting way and conduct it in a work system that does not allow fatigue. Speech therapy classes are regularly held three times a week. Together with the parents, training should be conducted at home (on the basis of the tasks of the speech therapist). Classes everyday (2-3 times a day) for 5-15 minutes. Didactic materials are widely used to eliminate pronunciation defects.

The duration of elimination of pronunciation defects depends on several factors: the level of complexity of the defect, the age and individual characteristics of the child, the regularity of training, and the support provided by parents. In simple dyslalia, training takes from one to three months, and in complex dyslalia from three to six months.

Compared to school-age children, speech defects in kindergarten children are corrected in a shorter time, and in children of junior school age, they are corrected more quickly than in children of older school age.

Logopedic influence is carried out in stages, at each stage a specific pedagogical problem related to the general goal of logopedic influence is solved. In the literature, there is no consensus on how many stages logopedic effect is divided into: F.F. Rau divides his works into two stages, O.V. Pravdina and O.A. Tokareva to three stages, M.Ye. Khvatsev was divided into four stages. Based on the tasks and goals of logopedic influence, it was considered important to divide it into the following stages; preparatory stage is the stage of formation of knowledge and skills (qualification) in basic pronunciation.

Preparation stage. The main goal of this stage is to focus the child's attention on the goal-oriented logopedic process. For this, it is necessary to solve a number of general pedagogical and special logopedic problems. One of the important general pedagogical issues is the formation of the course of training: the speech therapist should teach the child about the equipment and environment of the speech therapy office, and arouse interest and desire in the child for the training. In some cases, shyness, tension, silence, and even fear are observed in children in relation to strangers. A speech therapist is mainly required to be polite; there is no need to be formal and rigid in the relationship with the child.

The child must follow the training rules, learn to follow the instructions given by the speech therapist, and actively engage in communication. It is necessary to form an approach to training in the form of free activity. One of the important issues of the preparatory stage is the development of free attention, memory, thinking operations, analysis and synthesis, comparison, drawing conclusions. One of the special speech therapy issues is to learn to

distinguish between sounds, get familiar with them, and learn how to shape articulation. These issues are solved in parallel or sequentially, depending on the form of dyslalia. If the perception process is in an intact articular form (phonemic or phonetic), the above issues are carried out in parallel.

One of the important issues of the acoustic-phonemic form of dyslalia is teaching a child to recognize, distinguish and remember phonemes. Without solving the above problems, it is impossible to proceed to the formation of the correct pronunciation of the sound. In order for the child to achieve the correct pronunciation of the sound, he must be able to hear the sound (phoneme).

It is necessary to form an articular base for the development of receptive knowledge in the mixed and complex form of dyslalia. If phonemic perception is grossly impaired, articulatory knowledge and skill formation processes are carried out. Several types of exercises, methodical recommendations, a manual for correcting pronunciation and didactic requirements have been developed for the formation of the articulation base.

There are no gross motor disorders in dyslalia. In a child with dyslalia, some of the movements of the articulatory organs, which are special for speech, are not formed. The process of formation of the movement of the articulatory organs takes place freely and with understanding: the child learns to perform the task correctly and control the movement of the articulatory organs. Necessary actions are formed on the basis of demonstration and imitation: the speech therapist shows the child in front of the mirror the correct articulation of the sound, explains, shows what movements to perform and asks to return. As a result of several repetitions under the control of vision, the child will acquire the correct (desired) situation. If the child has difficulty, the speech therapist will help with a probe or spatula. In the next training, you should try to do it according to verbal instructions without instructions. Later, the child can check that he is doing it right based on his kinesthetic intuition. When the child performs the articulation without instruction, then he has mastered it.

It is not necessary to remind that this sound is being worked on during the correct formation of sound pronunciation. During the training, the speech therapist checks whether the child is in the right position to pronounce the desired sound. For this, the speech therapist asks the child to exhale (blow hard) while taking the right position.

As a result of strong exhalation, an intense noise is created. If the noise corresponds to the acoustic effect of the desired sound (consonant), the situation is correctly selected. If this is not the case, then the speech therapist asks the child to change the position of the articulatory organ (slightly raise, lower, move the tongue) and blow again. Executes until successful. In some cases, the child listens to the generated noise and equates it with a normal sound and even tries to include it in his speech independently. This also does not lead to good results. Therefore, in such cases, the speech therapist focuses the child's attention on another situation.

In dyslalia, the result of the exercises is sufficient to form the necessary movements of the articulatory organ, it is not necessary to perform additional exercises. In the process of the child's speech development, work is carried out on some unformed speech movements.

Preparation of children with speech defects for school education is organized through 7 stages:

Step 1: Prevention of shortness of breath. Preschool-aged children with speech deficiency perform playful exercises from the age of 1.5-2 years: "We cool the water" (blow into the tube while holding the lips at the level of the cup), "Smells nice" (blows different types of flowers, basil, rhododendron separation), "Butterflies are flying" (flying butterflies made of light colored paper by blowing) and etc.

Stage 2. Doing language exercises. As soon as the tongue begins to come out, it is necessary to encourage the child to perform some language exercises to imitate adults, for example, "Delicious jam" (licking the edge of the lips), "Argymchok" (raising the tip of the tongue down and up), "Bu yakky" (licking the upper and lower teeth with the tongue), "Snake" (pulling the tongue back and forward), "Football" (licking the right and left jaws with the tongue).

Stage 3. Development of voice volume and strength. Pronounce vowel sounds first short, then long (a, u, o, o', i, e, aaaa, uuuu, ooooo and xk). Then form and pronounce sound combinations (aaauuu, aaaooo, aaao'o'o' and xk). Then say sounds and sound combinations first low and then high (aaa, AAA, aaauuu, AAAUUU and xk). After strengthening these skills, children can be recommended to imitate the sounds of animals in low and high voices.

Step 4. Prevention of retardation of mental development in a child due to a speech defect. In such cases, it is necessary to communicate with the child as much as possible, develop their memory, attention, and perception with the help of various games and encourage them to think.

Step 5. Avoiding emotional stress. It is necessary to create such an environment for the child that he should not feel his shortcomings as much as possible, in such cases, parents and specialists should work with the child's emotional and volitional sphere, praise, encourage, reward the child and form a good attitude around him.

Step 6. Correct pronunciation, increase mobility of lips, cheeks, tongue. Physical exercises: stretching the lips, biting the tip of the tongue, hitting the upper lip with the tongue, licking the plate, licking a large spoon. If the upper lip is deformed, it is necessary to develop its mobility: bite the lips with the teeth, lift the lips up, twist the lips, hold the candy between the lip and the nose. Lip massage. Using the tips of the thumb and index finger from the corners of the mouth, pressing above the red border, pull the lips forward.

Step 7. Development of phonemic hearing. It is an important task to teach children under 5 years of age non-speech sounds and their differentiation: the sound of water, the rustling of paper, whispering, whistling, etc.

The child's attention is usually constantly focused on correct speech breathing and, in this process, correctly holding the position of the organs of articulation. To organize proper breathing through the mouth, it is considered appropriate to change the position of the tongue in the oral cavity. When learning the types of exhalation and intake, the child's main attention is paid to the organs of articulation, that is, during exhalation from the mouth, the back of the tongue should be kept low, and the mouth should be wide open. It is necessary to leave the root of the tongue. If the downward movement of the tip of the tongue does not lower the root of the tongue enough, the tongue is temporarily allowed to protrude from between the teeth or the root of the tongue is pressed with a spatula (this case is used less often).

Proper exhalation through the mouth eliminates the nasal sound in the pronunciation of various sounds in the tongue root (core) and later in the entire speech. These articulation exercises are included in Table 1.

The main task at the preparatory stage is to form correct breathing through the mouth. Therefore, all articulatory exercises are performed without sound, and the child does not yet know that these exercises are considered sound profiles. This period gives the speech therapist an opportunity to clarify and improve articulations.

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