

MEASURES TO IDENTIFY AND ELIMINATE CHILDREN WITH SPEECH DEFECTS IN PRESCHOOL EDUCATION

Karlibaeva Juldiz Amangeldi qizi

Nukus State Pedagogical Institute Named After Ajiniyaz, Faculty of Preschool Education,
Department of Preschool Education and Defectology

ANNOTATION

Children with communication disorders frequently perform at a poor or insufficient academic level, struggle with reading, have difficulty understanding and expressing language, misunderstand social cues, avoid attending school, show poor judgement, and have difficulty with tests. This article discusses about the Measures to identify and eliminate children with speech defects in preschool education.

Keywords: measures, eliminate, children, speech, speech defects, preschool, education, ways, factors, measurements

INTRODUCTION

The indicators of successful speech development are skills to build different types of coherent statements. This requirement fully applies to children with minor speech delays. However, in modern speech therapy, the development of coherent speech is made dependent on the elimination of the shortcomings of unformed language structures and involves the use of reproductive techniques, including mainly constant repetitions of speech patterns. Children are simply asked to copy stereotypical schemes when making their own statements, but the attention is not paid to the process of formulating rules and peculiarities of description texts, the understanding of which is very important to be prepared for school. Thus, it is significantly important to revise well-established techniques to learn oral monologue speech when teaching children with serious speech disorders. The aim of the present article is to discuss the conditions for effective development of coherent descriptive speech in preschool children with speech underdevelopment problems. Methodology and research methods . The methodological framework of the research is based on the theory of speech activity and the theory of developmental education, as well as the systematic analysis of the peculiarities of verbal communication skills in children and modern ideas of correctional pedagogy about the structure of speech defects. In the course of the research, empirical research methods and a pedagogical experiment were employed. Results and scientific novelty. Difficulty in learning to listen, speak, read, or write can result from problems in language development. Problems can occur in the production, comprehension, and awareness of language at the sound, syllable, word, sentence, and discourse levels. Individuals with reading and writing problems also may experience difficulties in using language strategically to communicate, think, and learn. Difficulty in learning to listen, speak, read, or write can result from problems in language development. Problems can occur in the production, comprehension, and awareness of language at the sound, syllable, word, sentence, and discourse levels. Individuals with reading and writing problems also may experience difficulties in using language strategically to communicate, think, and

learn. Sometimes kids with speech disorders have oral–motor problems. This means the muscles used to create speech aren't working properly. Speech disorders also can be related to conditions like a developmental delay, autism, a hearing disorder, weak muscles around the mouth, cleft lip or palate, hoarseness, and breathing or swallowing disorders. Treatment for a speech problems focuses on speech-language therapy to improve skills. The sooner therapy begins, the better.

Assessment and treatment of children's communication problems involve cooperative efforts with others such as parents, audiologists, psychologists, social workers, classroom teachers, special education teachers, guidance counselors, physicians, dentists, and nurses. Speech-language pathologists work with diagnostic and educational evaluation teams to provide comprehensive language and speech assessments for children. Services to students with communication problems may be provided in individual or small group sessions, in classrooms or when teaming with teachers or in a consultative model with teachers and parents. Speech-language pathologists integrate students' communication goals with academic and social goals. While working on description skills, children learned how to highlight and compare essential features of a subject, to combine individual phrases into a consistent message. The priority areas were identified in each speech task to ensure the greatest impact of its performance. The conducted classes influenced not only speech, but also cognitive development of children. Also, the classes stimulated children's speech and thought activities, contributed to the activation of visual, auditory and tactile perception, memory, attention and observation. Practical significance. The research materials provide a new direction to determine the technologies for the development of coherent speech in children of senior preschool age with speech underdevelopment.

Current standards of care for speech and language disorders in children; which of the disorders are amenable to treatment and the typical time course required for this treatment; and the persistence of these disorders in children. The discussion is limited to those childhood speech and language disorders that are most common in the population; it is not intended to be a comprehensive review of interventions for or the persistence of speech and language disorders. The chapter begins with an overview of the factors that influence treatment of speech and language disorders in children. This is followed by a summary of policies and guidelines that influence the provision of treatment services. Next is an age-based description of treatment approaches. The chapter ends with discussion of the persistence of childhood speech and language disorders and the committee's findings and conclusions. Before beginning it is important to emphasize that treatment is considered to be essential for all children with speech and language disorders, but with few exceptions, it is most effective for less severe disorders. Nevertheless, even children with the most severe disorders can develop enhanced, functionally important communication skills that have a meaningful impact on their lives even though their speech and language disorders have not been completely resolved. Speech and language therapy programs use a number of methodologies, depending on the child's specific requirements and circumstances. The proper intervention program for any specific child is shaped by a number of crucial criteria. Therapeutic goals are determined by the severity of the disorder, the child's developmental level, the individuals involved in the intervention (or "agents of change"), the

treatment setting, and certain important characteristics of speech and language. Each of these elements is discussed in detail below. Because of the current level of knowledge in developmental and learning sciences, it is often impossible to change fundamental limits in developmental processes and systems for children with severe speech and language problems. For certain youngsters, conventional techniques of communication are impossible given the child's level of development and severity of communication issues.

Compensatory communication methods, such as picture cards or computer-based communication systems, are used in these situations. Parents of children with severe speech and language impairments are frequently in need of assistance as well. Treatment programs must be adapted to the child's current developmental status with respect to both speech and language skills and general social, emotional, and physical development. Treatment programs are, therefore, designed to build on the child's developmental level, regardless of the child's age. Thus, for example, a 5-year-old child who is functioning at a 3-year-old level in language is unlikely to be able to acquire the language skills of a typical 5-year-old without having accumulated the intermediary skills normally acquired between ages 3 and 5. Treatment may occur in a number of settings or environments because speech and language skills develop within the context of a child's daily communication activities—for example, at home, in the neighborhood, and in school. Each setting provides opportunities for communication and interaction. In the past, speech and language therapy was provided almost exclusively in therapy rooms and classrooms where the speech-language clinician engineered the environment to promote learning. In the past two decades, however, speech and language intervention has moved out of these special-purpose environments. This practice is predicated in part on the belief that treating in these natural settings will promote generalization of learning to these settings. For children younger than 3 years of age, services may be provided in the home. Preschoolers may be served in an early childhood or daycare setting, while treatment programs for school-age children usually are integrated into the classroom. In conclusion, The implicit information that develops throughout the development of speech and language is abstract. Grammar appears to necessitate the processing of concepts such as the subject of a sentence, which entails the role of a phrase in a sentence that determines certain grammatical aspects. Words usually refer to classes of referents and phonemes (speech sounds) that comprise categories of distinct speech sounds (phones) (phones). Language can represent meanings in consistent yet flexible ways thanks to these abstract interactions, roles, and categories.

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