DEVELOPMENT OF SPEECH IN MENTALLY RETARDED CHILDREN Khovadillayev Muradkhan Teacher of the Kokand State Pedagogical Institute

ANNOTATION

This article analyzes the features of speech of vulnerable children and their formation. The idea has been put forward about the work aimed at enriching the speech skills and vocabulary of mentally retarded children, the development of connected speech.

Keywords. Mental retardation, speech impairment, speech, phoneme, cognitive processes

INTRODUCTION

The features of the development of motor speech in children are also diverse in terms of the severity of manifestations, in connection with which there are several levels of speech development. The first level includes" silent " children. Some are indifferent to the environment, do not use speech. Other children always make the same monotonous sound, which is not a means of communication. Some use nonverbal means. This group is the most difficult from a speech point of view, regardless of age. The second level includes children with individual words or phrases that are pronounced with different phonetic distortions. Phonetic disorders are inherently dysarthric, which makes it difficult to organize a kinetic and kinesthetic program with an apraxic component, which significantly complicates the formation of the pronunciation side of speech. The third level of speech development includes children with household vocabulary and phraseological speech. Some children speak a lot, using detailed phraseological speech with distorted sound pronunciation elements. Other children use a short phrase, agrammatisms are recorded. The presentation sequence is difficult. The third level is characterized not only by a violation of the structure of the external plan of speech, the possibility of its placement, saturation with components, but also by narrowing of the semantic field, weakening of lexical content, inability to use it. variability of vocabulary, grammatical structure. Most children of this level need oral communication Kuznetsova L.V. Children with mental disabilities are not able to transfer the skills of independent statements mastered in any way to a new situation due to specific behavioral stereotypes. According to the degree of independence and activity in the communication process, children of this category are L.M. According to Shipitsina is divided into 3 groups:

1) the first group includes children who cannot independently participate in any practical work. It is difficult to communicate with them. When working with" non-speaking " students, comments are mainly given by the teacher. The reader answers the questions posed to him with his eyes, head or individual sounds, words, confirming or not confirming the messages of other friends. An important result of working with children of this group is their emotional satisfaction with communication, joint activities.

2) the second group consists of students who have significant difficulties in communicating with gestures and understanding the task. With the limited individual help of adults, they can independently perform the task obtained.

3) students of the third group complete assignments completely independently. Adults help children control themselves. They know their place in the family, understand the relationships that connect family members, friends and loved ones; develop the skills and skills necessary for practical activities at home. Teaching children's communication skills is based on the principle of the role, that is, the compliance of behavior with a particular situation.

Thus, in children with moderate to severe mental retardation, it is characterized by the lack of formation of all cognitive processes, a sharp violation of sensations, perception, memory, attention, to a greater extent hierarchically impaired higher functions: thinking and speech, it is observed that not individual parties and functions, but the entire speech system is not formed. The emotional sphere is relatively preserved. The development of speech begins when its social function becomes a means of communication, i.e. when the child begins to understand the speech being said to him and uses it to express his opinion. It is known that at the age of 8 months, the child acquires an elementary understanding of speech based on the differentiation of its rhythmic-tonal composition. N.X. Schwachkin called this period the development of the child's speech to the phonemic, since the child still cannot distinguish words in speech aimed at him by sound. F.I.A study by Fradkina showed that with a change in the sound composition of the word, but retaining its rhythmic-melodic structure, its concept still remains, but at the age of 10-11 months, a qualitatively different period begins in the development of the child. understanding speech based on the perception and differentiation of the sound composition of words. This stage is Shvachkin N.X. phonemic calls the period of speech. The difference between speech sounds and, therefore, words is gradually formed. Schwachkin N.X. for the development of this process, the following sequence was established: first, the child begins to distinguish vowel sounds in the perceived speech stream, then noisy and resonant, etc.

It should be noted that a child of the entire preschool age develops a conceptual correlation of the word, i.e. the system of concepts, knowledge, associative connections behind a certain word is formed.

The assimilation of the meanings of words and the expansion of passive vocabulary occurs faster than the growth of active vocabulary, especially at the age of 2-2.5 years. Thus, at the age of 1.8-1.10 months, the child practically understands the elementary speech spoken to him, while active speech is sharply behind the passive in its development. This is due in large part to the fact that sound representations of words (albeit global) are sufficiently formed by this time, and their implementation in voice speech is endowed with a certain functional maturity of the speech-motor analyzer.

It is known that an intellectual defect does not stop the process of forming speech on its own (unlike what we observe in children with primary damage to speech mechanisms), but slows it down and qualitatively disrupts it.

The development of Affective speech is ahead of active speech, both in terms of the number of words and in terms of its function. In severe and moderately mentally retarded children, it is characteristic that an elementary understanding of speech is possible by the end of the 2nd year of life. By the age of 4-5, about 30% of phrases in adult speech are not understood by children. Children 4-5 years old understand phrases, as a rule, in one form, which is constantly

encountered in adult speech.

G.V. Gurevich, L.Z. Davidovich proposed to consider the level of understanding speech as a component of emotional development, which is present in all children to varying degrees, so they conditionally distinguish several levels:

1 level of sensory underdevelopment-children who do not understand the speech of strangers, but constantly hear and perceive the speech of close relatives who take care of them;

Level 2 of sensory underdevelopment-children who perceive the speech of others in the form of separate short phrases and instructions. They do not notice a longer phrase and readable text and do not react adequately. With spatial perception, it is especially difficult to understand the instructions;

Level 3-children who perceive everyday speech, follow instructions, listen to short texts, maintain dialogue. Complex speech structures and insufficient perception of the text are noted. They get tired and distracted quickly without hearing an interesting story.

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