International Journal of Pedagogics

VOLUME Vol.05 Issue10 2025
PAGE NO. 283-286
DOI 10.37547/ijp/Volume05Issue10-70

The Content Of Speech Preparation For School For Children With Special Needs

Sabirova Zebo Ilhamzhanovna

Associate Professor of the Department of Speech Therapy of the Nizami National Pedagogical University of Uzbekistan, Uzbekistan

Received: 26 August 2025; **Accepted:** 22 September 2025; **Published:** 24 October 2025

Abstract: The article discusses one of the current urgent tasks of special pedagogy - the development of differentiated methods and techniques for eliminating speech defects observed in children with different categories of special educational needs, based on their structure and mechanisms. The theories of such scientists as L.S.Vygotsky, A.N.Leontiev, A.R.Luria about the inextricable link between speech and mental development are taken as a basis. Neurolinguistic, neurological and etiopathogenetic classifications of dysarthria and its expression in phonetic, phonemic, lexical and grammatical aspects are studied. The interrelationship between speech motor skills, optical-spatial gnosis, constructive praxis and thinking disorders in children is analyzed.

Keywords: Special pedagogy, speech impairment, dysarthria, anarthria, cerebral palsy, speech underdevelopment, differential approach, neurolinguistic classification, optical-spatial gnosis, constructive praxis, speech therapy correction, preschool education, speech preparation.

Introduction: Currently, the science of special pedagogy is faced with the urgent task of developing differentiated methods and techniques for eliminating speech defects observed in children with different categories of special educational needs, based on their structure and mechanisms.

The inextricable link between speech development and the child's psyche has been proven by many scientists. As L.S. Vygotsky, A.N. Leontiev, A.R. Luria and other authors have shown, all mental processes in a child: perception, memory, attention, imagination, thinking develop with the direct participation of the speech process.

L.S. Vygotsky's doctrine of the complex structure of the child's defective development is based on. According to this doctrine, the presence of a violation in any functional system does not lead to the isolation and disappearance of this function, but rather to a number of interrelated deviations that determine a holistic picture of their completely atypical, specific development. The complexity of the structure of abnormal development lies in the presence of secondary disorders that arise as a result of a primary consequence caused by a primary disorder caused by a biological factor. L.S. Vygotsky in his teaching draws attention to the interaction and relationship of primary and secondary disorders, which determines the specificity of the development of a child with disabilities.

With the help of speech, the child not only receives new information, but also has the opportunity to interpret it in a new way.

According to the results of research conducted by a number of authors, various speech defects are observed in children with cerebral palsy. According to N.A. Bernstein, M.O. Gurevich (1949), N.I. Ozeressky (1938), M.B. Edinova (1959), E.N. Pravdina- E.N. Vinarskaya (1959), E.N. Vinarskaya, speech disorders observed in children with cerebral palsy can occur in forms ranging from pronunciation defects to aphasia. The main speech defect observed in children with cerebral palsy is dysarthria. Currently, there are several classifications of dysarthria, and these classifications are fully interpreted in the literature on the problem. Among these classifications, the most popular are the etiopathogenetic classification of M.S. Margulis, the neurological classification of I.I. Panchenko, L.A. Shcherbakova, and the neurolinguistic classification of E.N. Vinarskaya.

The causes of dysarthria were studied by L.T. Zhurba, E.M. Mastyukova, L.I. Belyakova, N.N. Voloskova, and it was noted that dysarthria is a symptom of cerebral

palsy in children.

In the works of I.Y. Levchenko, O.G. Prikhodko, L.V. Lopatina, the main types of mental disorders in cerebral palsy in children are severe speech disorders (up to 50%), manifested by delayed development or underdeveloped type of mental dysontogenesis. Analysis of the features of the structure of severe speech defects in children with cerebral palsy showed that they may be associated with the pronounced underdevelopment of higher functions in children, such as optical-spatial agnosia, constructive praxis, and counting. Violation of optical-spatial gnosis is manifested in difficulties in recognizing and reproducing geometric shapes, in performing drawing, design, manual labor tasks, in mastering the elements of written speech (children could not reproduce the given sample on paper). They have difficulty forming concepts that reflect the location of objects in space, and children also have difficulties in assembling a whole from parts, that is, in constructive praxis. The underdevelopment of abstract thinking is manifested in the mastery of counting. Difficulties in mastering counting remain stable for them and begin to manifest themselves to a greater extent at later stages of education.

The specific features of dysarthria in children with cerebral palsy are manifested in violations of purposeful activity, behavior, and the emotional-volitional sphere.

The number of children with disorders of the musculoskeletal system is very diverse both clinically and psychopedagogically. Regardless of the severity of motor disorders, severe speech disorders can be detected in children with cerebral palsy. I.Y. Levchenko, M.V. Ippolitova, O.G. Prikhodko argue that it is necessary to create programs for these children to master a number of general education subjects, develop their speech, and learn special methods for correcting sound pronunciation disorders.

K. Nishivaki, F. Takashima, K. Hashimoto, M. Kubo, when classifying dysarthria, take into account the degree of intelligibility of speech to others and distinguish four degrees of speech disorders in such children.

The first degree is the mildest, and the violation of the pronunciation of sounds in speech is detected only by a specialist during the examination of the child's speech.

The second degree, the lack of sounds in pronunciation is noticeable to everyone, but the child's speech is understandable to those around him.

The third degree, the child's speech is understandable only to close people.

The fourth degree, the most severe, is when the child does not speak at all or his speech is incomprehensible even to close people (anarthria).

Anarthria is understood as the inability to pronounce sounds as a result of paralysis of the speech motor muscles. Anarthria itself is divided into several degrees:

severe - complete absence of speech and voice;

moderate - the presence of only voice reactions;

mild - partial presence of voice and voice.

Although hyperkinesis in speech motor skills does not always occur as intensively as in general motor skills, the nature of hyperkinesis is the same. The degree of manifestation of hyperkinesis in the speech apparatus depends not only on the emotional load, but also on the duration of speech communication. The following types of hyperkinesis are distinguished in speech muscles: choreiform, athetoid, choreathetodic. In athetoid hyperkinesis, the speech process is severely impaired, the child's speech cannot be understood without special listening and re-questioning. Children with choreiform hyperkinesis are able to perform all tasks in which the mobility of the muscles of the speech apparatus is determined.

Dysarthria in children occurs due to pathology of the prenatal, birth and early postnatal periods of development. Among the causes of the pathology of the central nervous system in the prenatal period: toxicosis of pregnancy, acute and chronic infections, intoxication, fetal hypoxia, chronic diseases (liver, kidney, cardiovascular diseases).

The causes of the birth period include prolonged or rapid labor, Rh factor incompatibility, asphyxia, birth injuries. In the postnatal period of development in children, mild dysarthria has been found to be accompanied by sleep disorders, weak crying, increased fatigue, decreased chewing movements, perinatal encephalopathy, frequent colds, severe forms of gastrointestinal diseases. In young children, diseases such as meningitis, meningoencephalitis, traumatic disorders, injuries, brain tumors, developmental defects of the nervous system, and encephalopathy are also observed.

Dysarthria as a speech defect can occur as a result of various organic lesions formed under the influence of negative factors in the sensitive periods of brain development of a child. Negative factors of the formation of the nervous system are chronic endogenous diseases of a pregnant woman, radiation exposure, the harmful effects of alcoholism, fetal injuries, and a number of other pathogenic factors. Pathophysiological causes such as rapid or prolonged

labor, chronic endocrine diseases of a pregnant woman, asphyxia of newborns, etc. also cause dysarthria. Also, neuroinfectious diseases, brain injuries, severe somatic diseases with complications in the central nervous system in children play a significant role in the pathogenesis of dysarthria etiology[172].

Depending on the location of the disorders in the central nervous system, dysarthria is divided into bulbar, pseudobulbar, cerebellar, extrapyramidal, and cortical forms. Common symptoms common to all forms of dysarthria are the presence of defects in voluntary movements (apraxia, dyspraxia), muscle tone disorders, and phonetic speech.

Severe speech disorders occur due to the systemic underdevelopment of speech function. The degree of impairment is determined by the level of speech characteristics of children with incomplete speech development, which is perfectly described by R.E. Levina. According to the classification of R.E. Levina and T.B. Filicheva, severe speech disorders include disorders characterized as the first and second levels of speech development.

Severe speech disorders are characterized by the connection between speech and non-speech symptoms and (general, fine, articulatory) motor skills; non-speech mental functions (auditory perception, attention, memory; visual perception, attention, memory; optical-spatial relations and imagination; thinking); It is a systemic disorder that includes components such as speech functions (phonetic, phonemic, lexical, grammatical, semantic).

The results of the above analysis show that, despite the large number of research studies devoted to the symptoms, mechanisms and structure of dysarthria in children with cerebral palsy, approaches to their elimination and individual methods, they do not sufficiently cover the problem of speech preparation of children belonging to this category for school education. In the special literature, the issues of speech preparation of children with dysarthria for school education have not been sufficiently studied or covered in a very general way, that is, the features of the Uzbek language, state requirements for preschool children, and the state of development of speech in children with dysarthria have not been taken into account. Also, there is no single terminological approach to defining these speech disorders.

Currently, such concepts as “dysarthria”, “dysarthria components”, “minimal dysarthric syndrome”, “minimal dysarthric diseases”, “dysarthric”, “dysarthric speech defect” are used together. For example, in the textbook “Logopedia” published by T.B. Filicheva, L.S. Volkova, G.V. Chirkina, L.R. Muminova, M.Ya. Ayupova, dysarthria is defined as “a disorder associated with a deficiency in the innervation of the speech apparatus of the pronunciation side of speech”. It is concluded that in dysarthria “the complex mechanisms of articulation in phonation are not formed in all syllables. As a result, sound defects, prosodic and articulatory-phonetic defects appear. Anarthria, which occurs when it is impossible to produce sound speech, is a severe degree of dysarthria. Dysarthria is a consequence of an organic disorder of a central nature. Depending on the localization of the central nervous system disorder, different forms of dysarthria are distinguished. Depending on the severity of the disorder, the degrees of occurrence of dysarthria differ”.

As a pedagogical option for the speech preparation of children with severe speech disorders for school, it should be implemented in specialized preschool educational institutions simultaneously with the general education process in order to eliminate and prevent deficiencies in the physical and mental development of children with dysarthria, strengthen their general psycho-physical development, and ensure their effective integration into the school educational process and the community of their peers. Speech preparation of children for school in preschool educational organizations should be carried out taking into account the age of the children, the time of their involvement in education, their speech and mental development, and the degree of speech disorder.

REFERENCES

1. Ўзбекистон Республикаси Мактабгача таълим Вазирлиги “Илк қадам” мактабгача таълим муассасасининг ўқув дастури.
2. Выготский Л.С. Психология развития человека / Л.С.Выготский. - М: ЭКСМО, 2004. - (Библиотека всемирной психологии). - G.15-21, 183-185.
3. Венгер А.Л. Психологическая готовность детей к обучению в школе // Развитие мышления и умственное воспитание дошкольников / Под ред. Н.Н.Лозднякова, Н.Ф.Говоровой. - М.: Педагогика, 1985. - С. 165-190.
4. Леонтьев А.Н. Психологические основы развития ребенка и обучения. Серия “Живая классика” -М.: Смысл 2009, 426 стр. ISBN: 978-5-89357-278-0.
5. Лурия А.Р. Лекции по общей психологии. Из серии: Мастера психологии (Питер). -СПб.: Питер, 2020. 588 с.
6. Бернштейн Н.А. Современные искания в физиологии нервного процесса. Серия “Живая классика”. -М.: Смысл, 2003. -330 с
7. Белякова Л.И, Волоскова Н.Н. Логопедия.

Дизартрия. — М. : Гуманитар. изд. центр Владос, 2009.— 287 с. ISBN 978-5-691-01781-0 (8)

8. Винарская Е.Н. Дизартрия / Е.Н. Винарская. — М.: АСТ: Астрель, Хранитель, 2006. -141
9. Левченко И.Ю, Приходько О.Г Технологии обучения и воспитания детей с нарушениями опорно-двигательного аппарата: . — М.: Издательский центр “Академия”, 2001. — 192 с.
10. Лопатина Л.В. Особенности моторных функций у дошкольников со стертой формой дизартрии [Текст] / Л.В.Лопатина // Нарушение речи. Методы изучения и коррекции. – СПб.: Образование, 1993.- С.3-11
11. Ипполитова М.В. Воспитание детей с церебральным параличом в семье : пособие для родителей и воспитателей / М.В.Ипполитова, Р.Д.Бабенкова, Е.М.Мастюкова. — 2-е изд. , перераб. и доп. - М. : Просвещение, 1993. -64 с