

# Methods Of Pedagogical And Psychological Examination Of The Psyche Of 3-4-Year-Old Children With Speech Impairment Alalia

Abidova Nilufar

Acting Professor of Kimyo International University in Tashkent, Uzbekistan

M.Sh.Ismatova

Master's student, Kimyo International University in Tashkent, Uzbekistan

**Received:** 19 September 2025; **Accepted:** 11 October 2025; **Published:** 15 November 2025

**Abstract:** This article studies and analyzes medical, psychological, pedagogical and methodological literature on methods of testing the speech of children with aphasic speech defects.

**Keywords:** Methodological, discursive, psychological. psychiatrist, perception, intuition, defect.

**Introduction:** In practice, the level of mental development of an individual or group is studied and one of the following tasks is performed:

determining the state of development of a particular trait;

determining the dynamics of development and the possibility of re-education over a certain period of time;

monitoring real changes in the behavior and psyche of an individual or group as a result of educational and upbringing. conducting a pedagogical experiment;

determining the future development of individual qualities based on the analysis of the dynamics and laws of previous development;

dividing groups of test persons into categories for future work based on the results of the level of development;

determining the suitability of individual groups depending on their ability to perform certain tasks, for example, checking their professional readiness to perform their official duties;

determining whether an individual or group conforms to social norms in order to conduct psychocorrectional work;

developing recommendations to help an individual or group on their future life path.

Psychological-pedagogical-medical status examination

scheme

There are examination schemes in both pedagogy and medicine and in general psychology. Often, developed history books or general psychological examinations are used to examine mental states. Therefore, we have developed a scheme for examining pedagogical-medical-psychological status. It is recommended to use it as a psychological questionnaire in psychosomatic medicine departments and pedagogical-medical-psychological offices.

Scheme for examining pedagogical-medical-psychological status

(pedagogical-medical-psychological questionnaire)

1. I. General information

Name, honorific

\_\_\_\_\_

Questionnaire (history) number

\_\_\_\_\_

Age

\_\_\_\_\_

\_\_\_\_\_

Gender

\_\_\_\_\_

\_\_\_\_\_

Nationality

\_\_\_\_\_

Marital status \_\_\_\_\_

\_\_\_\_\_

Residence \_\_\_\_\_

\_\_\_\_\_

Education and profession \_\_\_\_\_

\_\_\_\_\_

Work ability \_\_\_\_\_

\_\_\_\_\_

Left-handed, right-handed, or ambidextrous \_\_\_\_\_

\_\_\_\_\_

Date of referral to the clinic (outpatient clinic) \_\_\_\_\_

\_\_\_\_\_

Medical diagnosis (diagnoses) made in a clinic (outpatient clinic) \_\_\_\_\_

\_\_\_\_\_

The day of contacting a speech therapist-psychologist \_\_\_\_\_

\_\_\_\_\_

Main complaints \_\_\_\_\_

\_\_\_\_\_

II. Anamnestic data

The child's life history (collected from early childhood, how he was raised, in what environment he grew up, etc.) The patient's sexual life and family history. The patient's medical history (what diseases he suffered from). The patient's psychological history. The patient's family history

III. Auxiliary examinations and other specialist conclusions

Laboratory tests \_\_\_\_\_

\_\_\_\_\_

Electroencephalography \_\_\_\_\_

\_\_\_\_\_

Psychiatrist \_\_\_\_\_

\_\_\_\_\_

Speech therapist \_\_\_\_\_

\_\_\_\_\_

Neuropathologist \_\_\_\_\_

\_\_\_\_\_

Pathopsychologist \_\_\_\_\_

\_\_\_\_\_

Neuropsychologist \_\_\_\_\_

\_\_\_\_\_

Therapist \_\_\_\_\_

\_\_\_\_\_

Other professionals \_\_\_\_\_

\_\_\_\_\_

Psychological test results \_\_\_\_\_

\_\_\_\_\_

IV. Conclusions of temperament testing

With the help of an interview or psychological tests, it is determined which temperament the child has. Then, the conclusion is written as sanguine, choleric, phlegmatic or melancholic.

V. Conclusions of personality and behavior testing

With the help of the patient's relatives and from the patient himself, information is collected about his behavioral characteristics, starting from early childhood. In kindergarten, at school, in adolescence, after marriage, his life at work and in the team is comprehensively studied. Psychological tests are also used for this purpose.

With the help of interviews and tests, the following personality types are distinguished: cyclothymic, emotional, dysthymic, hyperthymic, anxious, excitable, stubborn, extroverted, introverted, cheerful person. Depending on the behavior, the following conclusions are made: kind, selfish, careerist, arrogant, modest, calm, etc.

VI. Conclusions of the emotional examination

During the interview, attention is paid to the child's facial expressions, behavior, attitude towards the psychologist and others. Then the child's emotions and mood are described as follows: excited, angry, worried, in a good mood, depressed, panicked. After identifying these states, conclusions are recorded about the child's emotions, whether he is in a state of depression, affect, and emotional ambivalence. Psychological test conclusions are also used to further clarify the conclusion.

VII. Conclusions of the examination of sensations and perception

When examining sensory disorders, it is determined that they are of an organic and functional nature. In both cases, the following sensory disorders are distinguished: monoanesthesia, hemianesthesia, hyperesthesia, dysesthesia, senestopathy, causalgia, pain (in the head, body, and internal organs).

When examining perception, the presence of illusions, hallucinations, anosognosia, derealization and depersonalization is taken into account and written down in the place of the conclusion.

#### VIII. Conclusions of the examination of will and inclinations

When examining the will, the conclusion is given as strong-willed, determined, goal-oriented, hesitant, independent, and courageous. The following terms are also used to describe disorders of will and inclinations: abulia, hypobulia, hyperbulia, dipsomania, dromomania, kleptomania, masochism, sadism, anorexia, polyphagia, polydipsia, homosexuality, suicidal tendencies.

#### IX. Conclusions of the examination of speech

Information about the child's speech is determined during the interview or through special tests. Speech can be checked by repeating simple and complex words. Speech disorders are also detected using neuropsychological tests. The following speech disorders are recorded in the conclusion: afferent motor alalia, efferent motor alalia, sensory alalia, acoustic-mnemonic alalia, amnesic alalia, semantic alalia, dynamic alalia, muteness, stuttering, dysarthria, dyslalia.

#### X. Conclusions on the examination of attention and memory

Some features of attention are determined during the interview. Also, tests that test attention are used, namely Kraepelin's, Schulte's table and Bourdon's correction tests. Conclusions such as scattered attention, distracted, concentrated, sharp are written.

After the child's attention is checked, or in parallel, his memory for everyday and past events is checked: memorization and recall of a short string of meaningless words (flower, crow, mirror), short and long sentences, proverbs. In the same way, visual memory (showing various photographs and asking to recognize them again after a while) and motor memory are checked (the child performs various actions with his hands and is asked to repeat them after a while). The method of "memorizing and recalling 10 words"

developed by Ebbinghaus and Luria is also used.

The degree of memory impairment is indicated. Also, conclusions such as amnesia (retrograde, anterograde, anterograde), confabulation, pseudoreminiscence are recorded.

#### XI. Conclusions of thinking tests

When testing thinking, attention is paid to its consistency and speed. The level of thinking is age-appropriate, and the conclusion is written as debility, imbecility, idiocy, dementia. To determine these disorders, psychological tests are used to express the content of stories, small mathematical problems, incomplete sentences, the meaning of proverbs, and the level of thinking (Koos cubes, Binet-Simon, Wechsler tests, determination of the intelligence quotient (IQ)).

#### XII. Conclusions on the examination of consciousness

Conditionally, non-psychotic and psychotic forms of mental disorders are distinguished: the first includes obtundation, somnolence, sopor and coma, and the second includes delirium, trance, amnesia, somnambulism, ambulatory automatisms, oneiroid. Also, when describing the level of consciousness, attention is paid to the child's consciousness, the absence of confusion about time, place and situation, and a clear understanding of surrounding events.

### **CONCLUSION**

After a complete examination of the child's medical-pedagogical-psychological status, the information obtained is compared with psychological tests, laboratory results, and other specialist conclusions. Then, a medical-psychological-pedagogical diagnosis is made for the patient.

#### **"Find What's Depicted" Methodology**

This methodology is designed to study the perception of preschool children. For this, the child is required to make a whole picture using several parts of the picture.

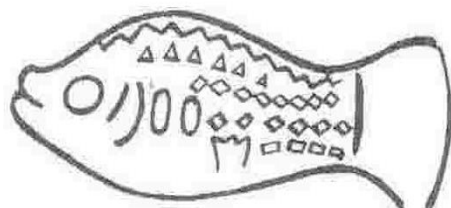
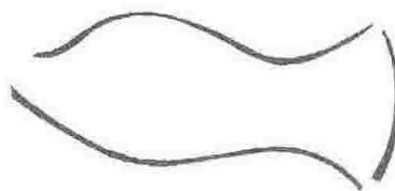
Methodological material: 4 pictures with a fish picture incorrectly and completely depicted.

Instructions: The child is shown part A of the picture and on this basis is offered to find what is depicted in the picture. 10 seconds are given for this. If the child cannot find what is depicted in the picture during this time, he is shown part B of the picture for another 10 seconds. In this way, the parts of the picture are shown until the child knows what is depicted in it.

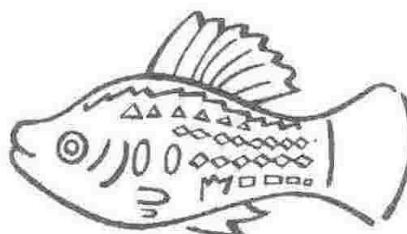
A)



Б)



В)



Г)

#### Evaluation of results:

If the child finds the fish in the picture in part A within 10 seconds, a score of 10 is given.

If the child finds the fish in the picture in part B within 11-20 seconds, a score of 7-9 is given.

If the child finds the fish in the picture in part V within 21-30 seconds, a score of 4-6 is given.

If the child finds the fish in the picture in part G within 30-40 seconds, a score of 2-3 is given.

If the child cannot find the fish in parts A, B, and V within 50 seconds, a score of 0-1 is given.

**Level of development:** 10 points indicates a very high level of child perception, 8-9 points indicate good, 4-7 points indicate medium, 2-3 points indicate low, and 0-1 point indicate very low.

#### REFERENCES

1. Khakharova Malika Maksudovna (2024). TECHNOLOGIES FOR THE DEVELOPMENT OF THE LEXICAL-GRAMMATICAL ASPECTS OF THE SPEECH OF CHILDREN WITH SEVERE SPEECH DEFECTS. American Journal of Interdisciplinary Research and Development, 16-20. ISSN Online: 2771-8948. Volume 25.
2. Logopedicheskaya diagnostika i korreksiya narusheniy rechi u detey: sbornik metodicheskikh rekomendatsiy / Pod red. L. V. Lopatinoy. – SPb., Moskva : SAGA, FORUM, 2006. – 272 s. - ISBN: 5-91134-053-4
3. Бейн Э.С ., Бурлакова М.К, Визель Т.Г. Восстановление речи у больных с афазией. — М., 1982.
4. Бурлакова М.К. Коррекционная педагогическая

работа при афазии  
Москва, "Просвещение", 1991г.