

Analysis Of Foreign Experience In Preparing Preschool Children With Speech Disorders For School

Abidova Nilufar

Acting Professor of Kimyo International University in Tashkent, Uzbekistan

F.A.Sattorova

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

Received: 20 September 2025; **Accepted:** 12 October 2025; **Published:** 17 November 2025

Abstract: The article analyzes the experience of foreign countries in preparing children with severe speech impairments for school, which is based on the relevance of analyzing special software for preparing children with severe speech impairments for school.

Keywords: Dysarthria, cognitive component, secondary impairment, children with cerebral palsy, preparation for school.

Introduction: In world educational organizations, technologies for modeling a developmental environment are being put into practice in the speech preparation of children with severe speech disorders for school. At the same time, systematic work is being carried out to develop children's cognitive and speech abilities, increase the level of morphological, functional and mental development of the child, create new concepts appropriate to the speech situation, and implement practical projects to strengthen the cognitive components of speech preparation.

Today, the science of speech therapy is faced with the urgent task of developing differentiated methods and techniques for eliminating speech disorders observed in children with different categories of special educational needs, based on their structure and mechanisms.

L.S. Vygotsky's teaching on the laws of the complex structure of the child's defective development is based on According to this doctrine, the presence of a disorder in any functional system does not lead to the isolation and disappearance of this function, but leads to a number of interrelated deviations that determine the holistic picture of their completely atypical, specific development. The complexity of the structure of anomalous development lies in the presence of secondary disorders that arise as a result of the primary

consequence of the primary disorder caused by a biological factor. L.S. Vygotsky in his doctrine draws attention to the interaction and relationship of primary and secondary disorders, which determines the specificity of the development of a child with disabilities.

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

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. 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 believe that speech defects observed in children with cerebral palsy can occur in forms ranging from pronunciation defects to aphasia.

The main speech defect observed in 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.

Many authors have drawn attention to the fact that dysarthria manifests itself in various forms as a severe speech defect. As V.A. Muratov showed, dysarthria in cerebral palsy is spastic and paretic in nature. According to S.A. Chugunov, N. Gutschmann, and M.M. Prisman, cerebral palsy is usually manifested in combination with hyperkinesis, which they describe as a form of dysarthria, which is now known as hyperkinetic.

According to M.B. Eydinova, E.N. Pravdina-Vinarskaya, E.M. Mastjukova, dysarthria is observed in 65-85% of children with cerebral palsy. There is a correlation between the degree of motor impairment and the severity of dysarthria.

The causes of dysarthria were studied by L.T. Zhurba, E.M. Mastjukova, L.I. Belyakova, N.N. Voloskova, and it was noted that dysarthria is a symptom of cerebral palsy in children [38]. M.B. Eydinova, E.N. Pravdina, E.M. Mastjukova, M.V. Ippolitova, M.S. Margulis, L.B. Litvak, R.A. Belova-David, M. Palmer, H. Rif conducted research on the classification of dysarthria, the study of dysarthria from the phonetic side.

D.N. Isayev, I.V. Ippalitova, E.M. Mastjukova, T.B. Filicheva studied the manifestation of dysarthria in children with mental retardation (hydrocephalus).

According to I.V. Ippalitova, 60-70% of children with cerebral palsy who are brought up in special institutions have dysarthria-like speech disorders [89]. M.V. Eydinova and E.N. Pravdina-Vinarskaya consider any speech disorder to be the main symptom of pseudobulbar palsy. As a result of weakness of the lip muscles, the child pronounces the sounds "u, b, v, p, f" poorly or cannot pronounce them at all, and with weakness of the tongue muscles, "o, i, d, f, s, r"; with paralysis of the soft palate, the pronunciation of the sounds "g, x, k" is impaired.

N. Gutschman conducted studies on children with cerebral palsy and was the first to show that speech defects are associated with pseudobulbar palsy. The author classified children in special schools for children with spastic forms of cerebral palsy, based on the disorders in the pronunciation of sounds, as children with a deficiency of kinesthetic perception and movement of the muscles of the articulatory (articulation) apparatus. In this case, the pronunciation of sounds that are relatively close to the place of articulation is impaired. One of the characteristic

features of the pronunciation of sounds for children belonging to this category is the distortion and replacement of affricates. According to K.A. Semenova, children with cerebral palsy mainly have motor speech defects. Among the speech defects observed in these children, cerebellar and pseudobulbar dysarthria account for a large percentage. K.A. Semenova, agreeing with M.I. Astvatsaturov, emphasizes that motor disorders in children with cerebral palsy occur in a state of interconnectedness, affecting both the motor and speech muscles of the child, 12 pairs of nerves [152]. M.B. Eydinova also found in her studies that the resulting spastic paresis, along with the organs of the motor systems, covers the mimic and articulatory musculature in the same form. The same vagueness of movements occurring in movement, their fading character, and rapid fatigue cause similar conditions in speech activity. Involuntary contractions in motor activity are accompanied by difficulties in muscle relaxation, and this manifestation, in severe cases, leads to problems in the transition from phoneme to phoneme, from syllable to syllable, and; in mild cases, to problems in the transition from word to word [165]. According to A.R. Luria, this may be due to the underdevelopment of the "kinetic rhythm" that ensures the formation of rhythmic speech.

E.N. Pravdina-Vinarskaya and M.B. Eydinova recognize various forms of dysarthria as a symptom of pseudobulbar palsy. According to them, dysarthria is detected in 65-85% of cases of cerebral palsy in children. In case of weakness of the lip muscles, the child pronounces the sounds u, b, p, f incorrectly, and in case of weakness of the tongue muscles, o, i, d, f, s, r, and in case of paralysis of the soft palate, g, k, x incorrectly or cannot pronounce them at all. "In children with cerebral palsy, impaired articulatory motor skills not only negatively affect the pronunciation of sounds, but can also cause problems with phonemic perception as a secondary defect. This, in turn, hinders the analysis of sounds in words and the identification of sound-syllable structure. At the same time, the child's deficiency in the pronunciation of sounds is due to the insufficient development of phonemic perception. According to a number of authors, in rare cases, children can correctly perceive even the sounds they pronounce incorrectly."

In the works of I.Y. Levchenko, O.G. Prikhodko, L.V. Lopatina, the main types of mental disorders in children with cerebral palsy are severe speech impairments (up to 50%), manifested by delayed development or underdeveloped types of mental dysontogenesis. Analysis of the characteristics 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 such as optical-spatial agnosia, constructive praxis, and counting in children. Violations of optical-spatial gnosis are manifested in difficulties in recognizing and reproducing geometric shapes, in performing drawing, design, manual labor tasks, and 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.

M.B. Mamatova notes that the underdevelopment of sound pronunciation in children with mild dysarthria is characterized by the dependence of the defect on the central nervous system. Therefore, it is indicated that the development of sound pronunciation in these children requires special pedagogical training.

In our opinion, dysarthria is a general name for a group of speech disorders, which has several forms, each of which is characterized by neurological and speech symptoms. Dysarthria, as the most common disorder of the speech formation system, is characterized by a violation of the integrity of the functional system of expressive speech formation, regardless of the degree of damage to the central nervous system. At the same time, dysarthria is characterized by a violation of the pitch, tone, rhythmic intonation of speech, and the phonetic structure of speech is incorrectly performed. This defect is mainly associated with a violation of the innervation of the muscles of the peripheral speech apparatus, and therefore is manifested by a violation of the neuromotor control of muscle tone as a result of organic or functional damage to the central nervous system.

Thus, dysarthria is a violation of the pronunciation side of speech as a result of a violation of the neuromotor control of muscle tone, in which the pronunciation of sounds and the prosodic components of the flow of sounds in speech are impaired.

Dysarthria is a disorder of the pronunciation side of speech associated with a deficiency in the innervation of the speech apparatus, which is considered a consequence of organic disorders of a central nature. Dysarthria often occurs as a result of early cerebral palsy, neuroinfection and other diseases of the brain. The degree of central nervous system damage varies depending on the localization and severity of the lesion.

Based on the analysis of the scientific and theoretical foundations of the study of dysarthria as a severe speech defect in speech therapy, the content of speech preparation of children with dysarthria for school education and the effective factors of this process, the effectiveness of the methods, technologies, and tools used were identified. It was found that the preparation of children with developmental disabilities for school was studied in national speech therapy, but the correctional and developmental work carried out with children with severe speech defects of dysarthria was not studied as an object of research. It was proved that the problem of developing a scientifically based system of linguistic material used for speech preparation of children with dysarthria for school education has not been solved.

REFERENCES

1. Abidova, N. (2022). Problems of Preparing Future Defectologists to Work in the Conditions of Inclusive Education. *Journal of Pharmaceutical Negative Results*, 2505-2511.
2. Абидова, Н. З. (2014). Анализ проблемы развития речи и общения у детей с нарушением зрения. *Вестник Южно-Уральского государственного университета. Серия: Образование. Педагогические науки*, 6(3), 29-33.
3. Abidova N. Z. (2023). CHARACTERISTICS OF PROFESSIONAL-PEDAGOGICAL ACTIVITY DEVELOPMENT IN THE CONDITIONS OF INCLUSIVE EDUCATION. *Conference Zone*, 196–202. Retrieved from <https://www.conferencezone.org/index.php/cz/article/view/957>
4. Ачилова С.Д. Дизартрия нутқ камчилигига эга болалар нутқининг фонетико-фонетик томонини коррекциялаш иш тизими Пед.фан.бўйича. фалсафа док.(PhD) ... дисс. Автореферати. – Т.:2021.-49 б.
5. Бабина Г.В. Дизартрия: учеб-метод. пособие / Г.В. Бабина, Л.И. Белякова, Р.Е. Идес. – М.: МПГУ, 2016. – 124 с.
6. Валюшек Д. Формирование готовности детей к школьному обучению в республике Польша: дисс...д-ра пед.наук: 13.00.01 / Валюшек Данута. - Москва, 1999.-278 с.
7. Гарёва Т.А. Формирования речевых и двигательных процессов у детей с дизартрией: дисс. ...канд. пед. наук: 5.8.3 – коррекционная педагогика (логопедия) / Гарёва Татьяна Александровна – М., 2021. – 232 с.
8. Данилова Л.А. Методика коррекции речевого и психического развития у детей с церебральным

параличом / Л.А. Данилова. – М.: Просвещение,
1997. – 89 с.