



## CENTRAL ASIAN JOURNAL OF SOCIAL SCIENCES AND HISTORY

Journal homepage: <https://cajssh.centralasianstudies.org>



### Specific Characteristics of Logopedic Work with Blind Children

**Dehqonova Mubarak Ghiyosiddinovna**

Ch.D.P.U. Teacher of the Department of Special Pedagogy

[dehqonova.m@cspi.uz](mailto:dehqonova.m@cspi.uz)

#### **Annotation:**

This article provides information on the system of logopedic work with children with visual impairments, speech deficits of blind and visually impaired people and their levels.

#### **ARTICLE INFO**

##### *Article history:*

Received 18-Oct-22

Received in revised form 19-Nov-22

Accepted 18-Dec-22

**Available online 24-Jan-2023**

**Key word:** echolalia, blindness, visually impaired, speech therapist, speech defect, elimination, level, correction, speech therapist, speech therapist.

Due to the impaired functioning of the vision analyzer, the speech development of blind and visually impaired children has its own characteristics, which are reflected in speech (echolalia, "formalism", vocabulary disorders, etc.) Current research in speech therapy is mainly devoted to speech defects of children with profound visual impairment.

At present, it has been proven in theoretical and practical research that speech deficiency in blind and visually impaired children is a complex defect and the interrelationship between speech and visual activity.

Children with visual impairments have different speech deficits. They are complex in terms of structure and quality, they encompass speech as a single system, as noted by R.Ye.Levina, and speech defects do not remain the only core of speech defects. The development of speech in such children takes place in complex conditions. Among them, there are congenital forms of visual anomalies, and this condition causes the disruption of other functions related to the emergence of speech.

Statistical materials show that speech defects are more common in children with profound visual

impairments than in sighted children.

The conducted research allows to divide the speech of children in this category into four levels.

**First level.** It is expressed by the presence of some defects in pronunciation.

**Second level.** Active vocabulary is limited. Mistakes are made when comparing the image of a word and a pedmet, and when creating stories of generalizing concepts.

Defects in pronunciation are manifested in various forms of sigmatism: lambdaism, parasigmatism, pararotatism, paralambdaism. There are deficits in the development of auditory differentiation of sounds and phonemic perception. Phonemic analysis will not be formed.

**Third level.** Expressive speech is characterized by a lack of vocabulary. The level of knowledge of generalizing concepts, comparison of word and object image is low. The grammatical side of independent speech is broken, it consists only of naming objects and one-word sentences. Telling complex stories is underdeveloped, pronunciation and auditory differentiation are poorly formed.

**Fourth level.** Expressive speech is very limited, there are serious deficiencies in generalizing concepts and comparing word-object image. Connected speech consists of some words, echolalias are observed. They cannot perform tasks aimed at determining the grammatical structure of speech and tasks related to auditory differentiation. It is observed that phonemic analysis and synthesis are not developed at all.

The analysis of speech development of visually impaired children shows that most of them have systematic defects and sufficient components of speech are disturbed (phonetics, lexicon, grammar). If we compare the speech defects of children with normal vision and those with visual impairment, we can observe their similarity. At the same time, there is a big difference in terms of the level and formation factors of nuto' defects. As a result of the deficiency (insufficiency) of subject images, difficulties in grammatically correct construction of complex sentences and sentences are observed in speech memory. As a result of the early natal and postnatal pathological changes in the anamnesis, general and specific factors were identified, the defects in their vision are the reason for the underdevelopment of children's speech and significantly delay the development of a number of functions that affect the formation of speech (praxis, gnosis , coordination, coordination). Therefore, in the early postnatal period, congenital or early acquired visual impairment becomes the primary defect affecting the development of non-verbal functions. Visually impaired children have many deficiencies that limit their movement activity and make them unable to communicate with the world around them. The quality of speech communication and the micro-social environment have a great influence on the development of mental processes (including speech).

Thus, the polymorphism of the factors that cause systemic speech disorders, covering one or another speech component, causes a more complex defect to appear.

Congenital or early-acquired visual impairment is the main reason for the lack of speech development, and depending on the presence of other pathological factors, the effect can increase or decrease.

Studying speech deficits of blind and visually impaired children requires taking into account and analyzing not only all components of speech, but also many non-speech functions. This constitutes a complex logopedic examination methodology.

The peculiarity of the comprehensive examination methodology is that the study of speech defects in children and the factors that cause them is carried out taking into account the ability to see, the methods of reception and, as a result, the methods of transferring materials. In such a case, it is

necessary to take into account that the majority of children with profound visual impairments do not have the skills of play activities and their knowledge about the world of objects is limited. Therefore, during the inspection, before completing the tasks, the child is given specific instructions, examples of joint performance.

**The main focus should be on expressive speech.**

Correctional work with blind and visually impaired preschool and school-age children takes place in a natural pedagogical process. It is organized taking into account the leading didactic and special principles.

Special principles include corrective education, taking into account primary and secondary defects, relying on existing analyzers and forming a polysensory basis, forming a comprehensive understanding of the world around us, taking into account the level of speech formation, relying on preserved components of speech activity, novelty of verbal material. , taking into account the increasing complexity of the size. In the process of correctional education, a complex and comprehensive effect is shown. This effect is carried out by a speech therapist, a teacher (at school), a pedagogue (in kindergarten) and educators during various training sessions. Great importance is attached to logopedic influence in correctional work. This effect is carried out in specially organized training sessions. Classes are conducted taking into account children's vision, speech, perception methods and individual characteristics. Based on this, speech therapy groups are organized.

Taking into account the unique nature of difficulties in working with blind children, training is conducted individually for a long time. More individual training is conducted with children who have not developed non-speech functions together with a complex speech deficiency, i.e. have the fourth speech level.

Educators and pedagogues (school teachers) together with a speech therapist determine the tasks of eliminating speech defects. Correctional and speech therapy tasks in the development of speech culture are carried out in games, educational and work activities, as well as practical and music classes.

When organizing speech therapy sessions with visually impaired children, the main attention is paid to the possibility of using preserved visual activities (didactic material of the necessary size and color), relief pictures, "wonderful bags", cubes and pencils (sound, used to mark verbs and sentences).

Natural visual aids are very important in forming the imagination of the scope of the world of objects.

Training must be conducted through play, because children with profound visual impairment develop play activities very late.

When planning the correctional-logopedic work with children with **first-level speech development**, the good speech base of these children is taken into account, the main attention is paid to the development of the phonetic side of speech, games and exercises are given to develop auditory attention. Since it is difficult for blind children to imitate, sounds are given to them by mechanical methods.

When planning the logopedic intervention with children with **secondary speech development**, all sections of the work with children of the primary group are preserved and taken into account. But here the main focus is on increasing vocabulary, developing phonemic analysis and synthesis.

When working with children of **the third and fourth level**, speech therapists (in agreement with child pedagogues and educators) introduce elements aimed at correcting education and play, practical activities. In this, motor skills, grasping and vision skills should be present. This work inextricably links the development of speech skills and the formation of corresponding concepts. The basis of this is the formation of deep understanding and knowledge of the world around us in children. Taking into account the characteristics of blind and visually impaired children in this group, the main focus is on increasing their vocabulary, correct comparison of the word with the image of the object, development of generalizing concepts, grammatical structure and independent speech.

The basis of this work is the formation and enrichment of speech stereotypes. Enrichment of vocabulary, practical application of grammatical system allows the process of making sentences based on pictures (relief pictures for the blind). In logopedic training, children's weak syllables in their speech are worked on. The cooperation of speech therapists, tutors, pedagogues (teachers) creates the speech base necessary for school education. On the basis of the formed speech, the speech therapist can move on to training the skills of automatic pronunciation and teaching phonemic analysis and synthesis (with children of 3rd and 4th grade).

The database of speech and subjects formed by the teacher and the teacher is widely used and improved in speech therapist training. In addition, the work of a speech therapist will be continued in the training of teachers and pedagogues. Their work is planned on the basis of organic connection (games and speech material aimed at strengthening the skills of correct pronunciation, material for strengthening vocabulary and connected speech skills).

In general, we can talk about the pedagogical process of speech therapy. In elementary grades, it is carried out in the integral connection of the work of the teacher and tutor in teaching literacy and developing speech. The teacher strengthens the speech-skills acquired in speech therapy classes in his work. Such work (complex, corrective and methodical) requires a speech therapist not only to have high qualifications, but also to know the special school program for children with profound visual impairment, their characteristics and the organization of their activities.

In logopedic training, rhinolalia, stuttering, and sound defects are eliminated in speech defects in blind and visually impaired children. The work is carried out taking into account the general methods, relying on the preserved vision or special methods (for blind children).

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