

LOGOPEDIC WORKS WITH BLIND CHILDREN

Qahramonova Zebuniso Raufjonovna

Student of the 1st Stage of Defectology at the University of
Information Technologies and Management

Abstract

This article provides information about the unique features of speech therapy work with blind children. Due to the impairment of the vision analyzer, the speech development of blind and partially sighted children has its own characteristics, which is reflected in speech (echolalia, "formalism", vocabulary disorders, etc.).

Keywords: vision, development, perception, typhlopedagogy, defect, material, sensation, hearing, Braille, weak, echolalia, expressive, logopedic, correctional-logopedic, congenital, differentiation, training, educator.

Introduction

Sight is important in a child's life and development. Visual defects cause secondary defects in the child's mental and physical development. The following groups are distinguished in the science of child pedagogy according to the degree of visual impairment and the perception of educational material:

- Blind and almost blind (partially sighted) children. Visual acuity is from 0 to 0.004. These children do not see at all, they have little chance of seeing. In the lessons, they mainly learn the educational material based on perception and hearing. They read and write according to the Braille system. Some children can use saved vision to read and write.
- Visually impaired children. Visual acuity of visually impaired children ranges from 0.006 to 0.09 with corrective glasses. These children usually have complex vision defects. In addition to low visual acuity, some children may have narrowed field of vision and impaired spatial perception. All this has a negative effect on the perception and mastering of the educational material. Children of this category should be trained in special conditions, using special methods, equipment, technical and optical tools.
- Visual acuity correction from 0.1 to 0.3-0.4 with glasses. Under certain conditions, they can read and write freely by sight, they perceive objects by sight, they aim by seeing in a large spatial circle.

Existing research in speech therapy is mainly devoted to speech defects of children with profound visual impairment (M.Ye. Khvatsev, S.L. Shapiro, A.D. Shipilo, S.V. Yakhontova). Only in the 60s and 70s, with the development of the systematic study of speech defects in speech therapy (R.Ye. Levina, V.K. Orfinskaya), did research on the identification of speech defects of blind and visually impaired children not only in the pronunciation of sounds, but also in the development of speech appear. It's done. This is the work of specialists and speech therapists in the methodology of teaching the mother tongue (O.L. Jiltsova, S.L. Korobko, N.S. Kostyuchek, N.A. Krilova,



T. P Sviridyuk). For example, S.L. Korobko separated a large group of visually impaired children whose speech was not fully developed.

At present, it has been proved in theoretical and practical researches 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, and as noted by R.Ye.Levina, they cover speech as a single system, 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 vision anomalies, and this condition also causes disruption of other functions related to the formation 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 formation 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 combining the image of a word and an object, and when creating stories based on generalizing concepts.

Defects in pronunciation are manifested in various forms of sigmatism: lambdatism, parasigmatism, pararotatism, paralambdatism. There are deficits in the development of auditory differentiation of sound pronunciation 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 words and the image of an object is low. The grammatical aspect 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, generalizing there will be serious flaws in comparing concepts and word-object image. Connected speech consists of some words, echolalias are observed. They cannot perform the tasks aimed at determining the grammatical structure of speech and the 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 impairments, we can see that they are similar. In addition, there is a great difference in terms of the level and formation factors of speech defects.

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 be strengthened or weakened.

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. Visually impaired children in the organization of speech therapy training



with in and to mark sentences) is used. Natural visual aids are very important in forming the perception of the vastness of the world of objects. Training must be conducted through play, because children with profound visual impairment develop play activities very late.

The base of speech and subjects formed by the educator and pedagogue is widely used and improved in speech therapist training. Also, speech therapy work will be continued in the training of teachers and pedagogues.

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

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