

DEVELOPMENT OF DEFECTS IN THE SPEECH OF PRESCHOOL CHILDREN

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Abstract: *The article deals with recommendations of improving speech disorders of preschool children using subjects using in everyday life increasing and improving speech using Uzbek national fair tales applying different education technology in teaching.*

Keywords: *speech disorder mispronounce utterance slutter communicate fair tales increase excited responsibility.*

Introduction

The cries, coos, gurgles of the children are the beginnings of language and speech development and production. Learners with speech disorders account for the second largest group of learners served under the special education services. Fluency refers to the smooth flow and rhythm of speech. Disfluency includes repetitions or prolongations or long pauses, struggle behaviors including distortions of lips and mouth, facial grimaces, eye blinks, and extraneous body movements. Stuttering and cluttering are examples of disfluency. Stuttering is a disruption in the timing of speaking. Cluttering is a running together in rapid, jumbled speaking of sounds, words, and phrases. Byrd and Cooper (1989) found.

That 3 to 6 year old learners who are disfluent were not delayed in their expressive language. They see have expressive suggest that pre-school children who are disfluent may appear to have expressive language. They suggest that pre-school children who are disfluent coping with their fluent may appear to have expressive language delays because they attempt to simplify verbal responses as a means of coping with their stuttering. St. Lois and Hinzman (1988) found that pre-school children who were disfluent were more likely to have difficulty in articulation. Articulation disorders are the most common of speech disorders served by communication specialists in the schools. There are 4 types of articulation error) addition and extra sound inserted within a word as "warsh" for "wash" a) disorder of a phoneme as "shoup" B) substitution of the phoneme as "mudder" c) omission of a sound as "mik for milk" d) or addition an extra sound inserted within a word as "warsh". Among learners with articulation disorders voice disorders, deficits in expressive language and hearing problems have been found to occur more frequently than in their typical partners. The most researched characteristic learners with language disorders is the language itself. Pre-school children with language disorders have difficulty with syntactic

comprehension (Adams, 1990) and do not monitor their own comprehension as well as do their partners with typical language skills. Conversations may be interrupted because of an appropriate response by learner with language disorders, which may occur because of the learners' disfluency with language disorders misunderstood that literal or implicit meaning of the utterances of the person with whom they have been found to rely heavily on semantic expectations or the sequence of content words in comprehending sounds (Van der Lay & Deward, 1986) when a breakdown in speech occurs pre-school children with speech disfluency are more likely to blame the listener than speaker. Significantly more communication breakdowns are found in the conversation and narration of pre-school children with language disorders than that of their age-matched partners. Preschool children with language disorders have mainly more unprepared sentences in their conversation and they try to overlap on their own speech, beginning a new thought before completing the first one. The number of errors in taking turns while having a conversation, interruptions, turn switch times, and poorly timed responses is significantly greater among learners with language disorders. Language disorders impact on social behavior as well as on the more commonly recognized area of academic achievement (In our observation learners with language disorders demonstrate a high prevalence of anxiety disorders as described in the research L. Muminova. They demonstrate poor understanding of humor, as related to their inability to grasp the nature of multimeaning words. Learners with speech disfluency have been found to have difficulty coping simple figures when compared to their age partners. Learners with obvious speech and language disorders are readily identified by physicians, day care and pre-school specialists. These children are generally referred to the communication specialist prior to entering kindergarten and the primary schools. The experiment of communication disorders is conducted through a comprehensive diagnostic evaluation, appropriate to the learner's age and overall level of development.

DISCUSSION

The evaluation conducted by group experts (Lola Muminova, Hanifa Pulatova, Sharipa Alimova) in cooperation with other professionals and parents (Malika

Mahmudova, Shahlo Yuldasheva and the pre-school Children (Muslima, Guljahon, Shahina) It may include the administration of formal standardized instruments to measure intelligence, language, behavior, and achievement. During the initial phase from the parents about learners' case of the experiment, the presence of a physical problem or hearing impairment is ruled out as the cause of the communication disorder. In general, standardized observation the learner is observed in interaction with friends, partners in kindergarten. Information is obtained from parents about learner's activity, developmental history, and use of free time. Having analysed the result of the experiment we found that care should



"PROBLEMS AND PROSPECTS FOR THE IMPLEMENTATION OF INTERDISCIPLINARY RESEARCH"



be taken in assessing the articulation of learners representing various ethnic, cultural and linguistic groups. In mini groups we tried to use interesting stories, fair tales. We found stories and fair tales to be invaluable for improving speech of pre-school children and concepts. Listeners enjoy and remember important principals and concepts we used role play activity. For some learners for whom verbal communication doesn't enough to a point of being effective, communicative, augmentative systems may be used to help in communication. The purpose of such education technology is to promote and facilitate, not replace, the communication models available learners with speech disorders. Television, videocassette can be used to facilitate learning communication. In addition there are technological aids to help to facilitate communication which are generally dependent on the computer and other electronic hardware. Great care should be to individualize any technological device taken by the communication specialist to individualize any technological device to respond to the specific needs and desires of the learner with speech disorders. Communication not only supports every social interaction that takes place throughout the day, but it plays major role in the learner's cognitive development. Learners with speech disorders account for the largest single group of learners served under the special education services. Communication disorders may involve speech, language or voice. Experiments and observation results of children with speech disorders of preschool children should include examination of; a) the child's conversational knowledge, b) the child's ability to integrate conversational and linguistic knowledge skills c) both expressive and receptive language skills. There are several recommendations available for learners with speech disorders. Consultations or indirect services for the learners through parents, resource rooms. Self-contained programs are all options for the learners with speech disorders of pre-school children. Special education is subsystem of regular education. It is responsible for the education of learners with disabilities. Learners with disabilities are a challenge to a education system. It is shaped into speech sounds by the articulation system (tongue soft and hard palate, teeth, lips, and jaw) designed to accept young children in pre-school and kindergarten. When children with speech disorder wishes to speak, the brain sends a message to activate the speech mechanism which includes respiratory, vocal, vibrating, resonating and articulation or speech mechanisms. The primary function of the respiratory system (diaphragm, lungs, chest, and throat muscles) is to inhale oxygen and expel gases. When air is expelled the voice mechanism is activated. Voice and sound is produced by the larynx, which is located at the top of the trachea and contains the vocal folds or cords. The larynx and vocal cords are referred to as the vibrating system. As air is pushed from the lungs, its flow causes the vocal cords to vibrate and produce sound. As the sound passes through the throat, mouth, and nasal cavities, it is shaped into speech sounds by the articulation system (tongue, soft and hard palate, teeth, lips, jaw) All

of these systems must be intact and functioning effectively for the proper production of speech produce sound As the sound passes through the throat, mouth, and nasal cavities. Speech disorders, which are impairments of voice, articulation of speech sounds, and fluency, observed in the transmission and use of the oral symbol system. Included in speech disorders are voice disorders (the absence or abnormal production of voice quality, pitch, loudness, resonance and articulation disorders (abnormal production of speech sounds) and fluency disorders (impaired rate and rhythm).

RESULT

Strong evidence usge disorders Though birth order has been found that speech disorders are not distributed across families but tend to concentrate within families (Tomblin, 1989) All family members of learners with language disorders are more likely to have speech disorders than are members of families in which there are no members with speech disorders. Though birth order was one time presumed to make a difference, neither first borns nor last borns are more at risk for speech disorders (Tomblin, 1990) Traditionally, learners with speech and language disorders were removed from the group for individual and small group intervention with communication specialist. The specialist examined the learner's speech disability, established objectives for intervention, and planned and implemented the intervention. The communication specialist determined whether the learners language problem was a primary or secondary disability. Currently, emphasis is placed on the remediation of the learner's speech disorder in the regular and special education group in collaboration with teacher whenever possible Schiefbush and McCormick (1990) propose that the best place to practice communication skills is in context in which those skills naturally occur.

CONCLUSION

Using different techniques as vide should improve both learners, pictures, graphs, fair tales role plays should improve both learner's speech performance and social interaction In our experiment we used different national fair tales as(Sholgom, Bugirsoq, Uch oghaini botirlar, Yoriltosh and etc. These activities were interesting learners tries to imitate and pronounce words, phrases, sentences They feel very excited, happy, responsible to speak

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