



METHODOLOGY FOR TEACHING DYSARTIC CHILDREN OF PRESCHOOL AGE TO MAKE WORDS

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Annotation

Speech function is one of the most important mental functions of a person. In the process of speech development, the highest forms of cognitive activity, the ability to conceptual thinking are formed. Mastering the ability to communicate orally creates the necessary conditions for specific social contacts of a person, as a result of which the child's ideas about the surrounding reality are formed and improved, the forms of its reflection are improved.

Keyword: speech, lexicon, facial nerve, dysarthria.

Speech disorders to one degree or another (depending on the nature of speech disorders) negatively affect the entire mental development of the child, affect his activity and behavior. Speech disorders, limited verbal communication can negatively affect the formation of the child's personality, cause mental layers, characteristic features of the emotional-volitional sphere, contribute to the development of negative character traits (shyness, indecision, isolation, negativism, a feeling of inferiority). . Language and speech perform the leading function in the organization, planning, development of thinking and verbal communication of the child and since the timely formation of the child's grammatical competence is the most important condition for his full-fledged speech and general mental development, in the formation of self-social ties, Behavior-organization. memory, perception, emotions-the main means of manifestation of the most important mental processes of language and speech. Enriching the speech of a preschool child with complex grammatical structures (word formation, syntactic) is important for two reasons. First of all, the richness of the individual speech of a preschool child is a guarantee of the development of intelligence, its mental component. Secondly, the variety of grammatical structures simultaneously ensures the correctness of speech, and correctness is the first



condition of speech culture, since only after achieving correctness, it is possible to increase the accuracy, relevance and purposefulness of speech.

The most striking feature of an older preschool child is his active mastery of the construction of various texts. The child will master the form of a monologue. Speech becomes contextual, independent of the state of communication presented visually. The improvement of the grammatical structure occurs in connection with the development of coherent speech.

Timely formation of the grammatical structure of a child's language is the most important condition for his full-fledged speech and general mental development, since language and speech perform a leading function in the development of thinking and verbal communication, in the planning and organization of a child's speech. In the formation of activities, Self-Organization of behavior and social ties. The child studies different aspects of the grammatical structure of the language - syntax, morphology, word formation in different ways, and at each age level something comes to the fore. Thus, the flexion system is the rules of declension and conjugation, the variety of grammatical forms of words, children master mainly children of small and middle preschool age. In older groups, the task of mastering the traditional, "irregular" forms of changing all the words included in the active vocabulary of the child is prioritized. Word-making methods are mastered by children later than Flexion methods.

The most rapid formation of Word formation skills and abilities occurs in middle and large groups, but a critical attitude to one's actions, the correct knowledge of the norms of Word formation in children, is just beginning to form in the school preparation group. .

A common speech disorder among preschool children is dysarthria, which grows significantly. Often it is combined with other speech disorders (stuttering, underdevelopment of common speech, etc.). This is a speech pathology that manifests itself in a violation of the phonetic and prosodic components of the functional system of speech and occurs as a result of unrepresented microorganic damage to the brain. Mild-degree dysarthria is one of the most common speech disorders in childhood, in which persistent violations of sound pronunciation are similar in the structure of a speech defect to other articular diseases, leading to significant difficulties in differential diagnosis. corrective speech therapy (I B. Garelina, L. V. Lopatina, R. I. Martynova, L. F. Spirova, E. F. Sobotovich, O. A. Tokareva).

These disorders lead to secondary deviations in the development of the phonemic, lexical and grammatical aspects of speech, reduce the effectiveness of children's school education (T.B. Filicheva, I.A.Cheveleva, G.V. Chirkina, G.V. Gurovets, R.E.





Levina, LV Lopatina , NV Serebryakova [34], RI Martynova, EF Sobotovich and others).

The light manifestations of dysarthria have not been sufficiently studied in the literature. There is no single terminological approach to determining this speech disorder. Currently, there are concepts of light dysarthria, "dysarthria component", "minimum dysarthria syndrome", "minimum dysarthria diseases", "light dysarthria". Etiology of speech and speech disorders in erased dysarthria, problems of symptomatology of various clinical manifestations (L.V.Lopatina, R.I.Martinova, E.F.Sobotovich, O.A.Tokareva and others) collected a large theoretical material.

However, the issues of the formation of vocabulary skills in children with this speech disorder have not been sufficiently studied, there are no experimental data on the nature and peculiarities of the violation of Word formation with a mild degree of dysarthria. The existing methods of corrective speech therapy work are not sufficiently differentiated by the various manifestations of erased dysarthria, depending on the mechanism and structure of the defect.

Methods of diagnosis and correction of dysarthria have not yet been sufficiently developed. G.In the works of V. Gurovets, R.I. Martynova, O.V. Pravdina, O.A. Tokareva and others consider the issues of symptomatology of dysarthric speech disorders, in which there is "washing", "dressing" of articulation. The authors note that erased dysarthria is very similar in its manifestation to complex dyslalia. L.In the works of V. Lopatina, N.V. Serebryakova, E.K. Makarova and E.F. Sobotovich, in groups of preschool children with erased dysarthria, issues of differentiation of diagnostic, teaching and speech therapy work are raised. Differential diagnosis of erased dysarthria, the problems of organizing speech therapy assistance to these children remain relevant taking into account the prevalence of this defect.

The causes of dysarthria are various harmful factors that can affect during pregnancy (viral infections, toxicosis, pathology of the placenta), at birth (long-term or rapid birth that causes bleeding in the baby's brain) and at an early age. infectious diseases of the brain and brain membranes: meningitis, meningoencephalitis, etc.) with varying degrees of dysarthria, the transmission of impulses from the cerebral cortex to the nuclei of the cranial nerves is disrupted. In this regard, nerve impulses do not enter the muscles (breathing, voice, articular), the function of the main cranial nerves (trigeminal, facial, hypoglossal, glossopharyngeal, vagus nerves) directly related to speech is impaired. For example, disorders of the ternary nerve cause difficulty opening and closing the mouth, chewing, swallowing, and movements of the lower jaw. The facial nerve innervates the facial muscles of the face. In case of defeat - the face is like an amimic, a mask, it is difficult to close your eyes, turn your eyelid, puff





up your cheeks. With the defeat of the hypoglossal nerve, the mobility of the tongue is limited, there are difficulties in keeping the tongue in a certain position. When the glossopharyngeal nerve is damaged, a nasal sound appears, a decrease in the pharyngeal reflex, a deviation of a small tongue to the side is observed. The Vagus nerve innervates the soft palate, larynx, larynx, vocal folds and respiratory muscles. Defeat leads to malfunctioning of the muscles of the larynx and pharynx, impaired respiratory function.

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