

## CHILDREN WITH SPEECH AND DEVELOPMENTAL DISORDERS IN PRESCHOOL AGE: PREVALENCE AND PROBLEMS OF SPEECH THERAPY SERVICES AT A MAINSTREAM PRESCHOOL

Shakhnoza E. Tokhtiyarova

PhD student at Tashkent State Pedagogical University Named after Nizami  
Tashkent, UZBEKISTAN

### ABSTRACT

This article discusses the features of the organization of speech therapy in a mainstream preschool and current issue of improving the effectiveness of this system. In particular, the article describes the stages of speech therapy diagnosis of children in mainstream preschool and the creation of speech therapy methods in accordance with these stages.

**Keywords:** Preschool educational institution, defectologist, speech therapy assistance, speech therapy examination, methods, speech disorders, developmental disorders.

### INTRODUCTION, LITERATURE REVIEW AND DISCUSSION

There are numerous forms of speech-language therapy services in our country. Currently, it is implemented in health, and social protection systems, private correctional centers, even via remote education. Each aspect of correction and logopedic care has its own specifics.

The activities of educational institutions will be linked to the formation, development, treating and standardization. In this context, the working conditions of a defectologist working in a mainstream preschool, one of the youngest forms of correction and logopedic care, are different. For example, a speech-language therapist working in a specialized pre-school can accommodate a maximum of 18 children, while only one defectologist has to be responsible for all children, who attend this facility. The preschool defectologist should work with 20-22 children at the same time, monitor the development of all children in the facility, quickly correct their developmental disorders, and involve other children in the list. Thus, a preschool defectologist faces problems such as the number of children receiving care and the amount of time allotted. Therefore, according to the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan № 528 dated July 19, 2017, defectologist in a mainstream preschool should work only with children who have a mild level of developmental disabilities, whereas other preschoolers with more difficult levels of disabilities should be directed to specialized preschool educational institutions.

However, these guidelines are not always applicable: most parents are not ready to change pre-school facilities, the majority of special preschools are located too far, the number of children in specialized pre-school institutions is the limited, and additionally recent policy of reducing the number of specialized preschools. However, statistics show that an increase in the number of children with various diseases in the general population leads to an increase in the number of children who need special educational support. For all the reasons mentioned above, the optimizing of a defectologist's activity in a mainstream education institution emphasizes that one of the most pressing issues in modern pre-school education is education.

Based on a review of the literature, various methods of speech therapy research have been developed, each of which has its own principles and approaches based on the diagnostic complex. In particular, speech defects were presented by M.E. Khvatcev (1959), L.R. Muminova (1984) and M.F. Fomicheva (1989), M. Yupupova (1994), G.V. Chirkina T.B. Filicheva, 1998; E.F. Arkhipova (2006); O.E. Gribova (2005); O.B. Inshakova (2005); Nova Scotia Zhukova, E.M. Mastyukova, L.V. Lopatina, N.V. Serebryakova, 2001; G.A. Volkova (1993, © Demenina T.A., 2014 78 2005); A.G. Ippolitova (1983); N.Yu. Grigorenko, S.A. Tsibulsky 2005; O.Y. Fedosova (2005), T.A. As reflected in the works of Fotekov (2007) and others.

The effectiveness of treating children's developmental disabilities depends on the quality of planning speech therapy work, which, in turn, is closely related to the diagnostic process. It is the diagnostic results that determine the direction of the correctional training process. One of the professional duties of a preschool defectologist is the regular monitoring of the development of speech of all preschool and senior groups in the facility and the detecting of children in need of special educational support. A large number of students at the facility causes a lack of time to complete this task. The age of the studied children, the variety of observed deficiencies further exacerbates the problem, and the time allotted for general screening does not allow a thorough and comprehensive analysis of the development of speech of all children. This can lead to the following problems: the defectologist cannot complete the task during the time allotted for examination or is limited to checking only the phonetic aspect of speech. This, in turn, contradicts the systemic principle of special education. At the same time, the preschool defectologist does not diagnose the speech of primary and secondary preschoolers and does not practice the principle of early diagnosis of disabilities. Most of the traditional research methods developed in our national catalog (L.R. Muminova, M.Yupova, D.A. Nurkeldieva, N.Z. Abidova, Sh.M. Aripova, etc.) are aimed at the qualitative analysis of the data. It's a bit inconvenient to use in a large, almost instantaneous sorting process that focuses on a deep study of the defect. These methods are designed for individual screening of children and are aimed at studying the characteristics of the defect in selected children, as well as their in-depth study of its structure and severity.

Given the intensity of the work of a defectologist in a preschool educational institution, it is necessary to develop a system for selecting students who need correction and speech therapy help, by choosing, combining and modifying traditional classical methods. However, practicing defectologists need a diagnostic tool that is simple to use, understandable, and easy to interpret.

Given these conditions, the main task of the defectologist is to learn how to use both compact and highly informative methods of speech therapy examination. These methods include quick diagnostic methods that allow you to examine those who need correction and speech therapy help. The use of express diagnostics does not exclude the need for a complete individual and comprehensive examination, but it allows you to quickly and comprehensively examine children and quickly identify those who need speech therapy support.

In Russia, N. Denisova shows the effectiveness of rapid diagnosis in her research, V.V. Konovalenko developed a method for the express study of pronunciation, phonemic cognition, and structure of a word, methodologies of express speech diagnostics of elementary school students have been proposed by T.A. Fotekova. However, in the domestic special education field, such studies have not been conducted.

An analysis of the psychological and pedagogical literature, the condition of working place and duties of defectologist of preschool educational institutions on this issue revealed the relevance of the development of this method, its theoretical in-depth study and its widespread adoption in the practice of a preschool defectologist.

The express (screening) technology of speech impairments detecting was created based on foreign and domestic screening and assessment tools. In addition to the traditional methods of studying the speech of preschoolers, the technology was used as the basis for modern screening methods with high efficiency in the differential diagnosis. This allows the defectologist to check the development of the child's speech in a very short time.

This methodology focuses on key areas of development of speech skills, allowing you to use all the components of speech in an interdisciplinary exam at the beginning, at the end of the first half and at the end of an academic year. Deficiencies in these areas suggest that the child has a speech impediment, which leads to a complete speech therapy examination. Based on this rapid screening technique, only speech defects are identified, and the cause, type, degree of defect is determined by further differential and phenomenological examination.

The express (screening) examination is performed individually and includes the following sections, such as traditional methodologies: pronunciation, phonemic cognition, phonemic analysis and synthesis, word structure syllabus, vocabulary checking, grammar construction, and independent speech testing.

Speech and visual material for screening are compact, easy to use, allowing all age groups to diagnose multiple speech indicators (phonetics, vocabulary, grammar, and independent speech) in one task, using only the level and complexity of the task, and most importantly, saving time. gives.

The principle of qualitative analysis of test results includes the separation of speech development evaluation parameters.

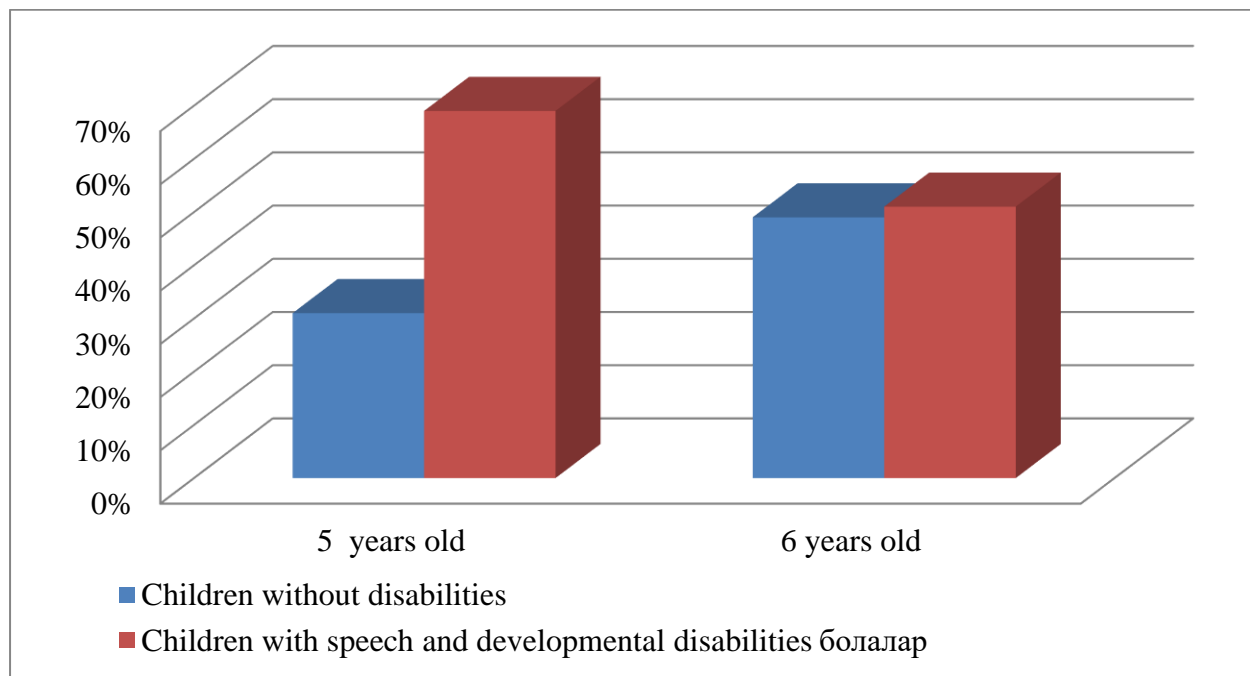
The screening was attended by 1203 children from pre-school education institutions № 204, 284, 285, 286 in Chilanzar district, and 599 in Uchtepa district of Tashkent city. 611 were approximately 5 years old children and 592 were 6 years old children.

The data obtained were analyzed as a percentage of normal speech and speech impairment. According to him, 60% (721) of the preschool children surveyed have different types of speech defects, and in some cases, speech impairment is associated with retardation of cognitive processes and secondary retardation of speech caused by autism, hearing impairment, and intellectual impairments. At the same time, only 40% (482 patients) of the studied preschool children found that their speech corresponds are suited to normal speech ontogenesis.

Of the 611 investigated 5-year-olds, 620 (68.7%) had defects in their development in 301 (51%) of 592 6-year-olds. The relatively small number of children with developmental deficiencies among 6-year-olds was due to defectologist activities in preschool, spontaneous correction of some speech deficits based on childhood compensatory opportunities, and positive social factors.

Based on the analysis of the results of the speech-language examination, it was possible to conclude that students of mainstream preschool have various types of speech impairments. The

most common speech disorders were 41.7% (301) of speech sound disorders (phonetic disorders of speech) and 30.1% (217) of phonetic-phonemic disorders of speech. 11.7% (84) of children have retardation of speech development (poor development of all speech components) and 6.1% (44) with stuttering. It is important to note that 10.4% (75) of children were identified as having developmental disorders and retardation of speech development caused by it (Diagram №1.).



*Diagram №1. General results of speech screening examination of students of mainstream preschool educational institutions*

The data identified on the basis of speech screening showed that there are a large number of children with speech impairments between the ages of 5 and 6 years old.

*Table 1: Results of screening 5 and 6 years old children*

Age groups	Total number	Children without disabilities	Children with speech and developmental disabilities
5 years old	611	178	433
6 years old	562	287	275
Overall	1173	465	708

Also, the presence of difficult speech impairments such as dysarthria, childhood apraxia of speech, stuttering, phonetic-phonemic speech disorders, receptive and expressive language disorders is preserved even at the age of 5 and 6 years old, at the same time, the significant level of the number of children who have speech and physical development is indicated of the shortcomings in the organization of diagnostic and treatment services of speech-language therapy system at mainstream preschool organizations.

**REFERENCES**

1. Филичева Т.Б., Чиркина Г.В. Воспитание и обучение детей дошкольного возраста с фонетико-фонематическим недоразвитием: программа и метод. рекомендации для дошкольного обр. учения компенсирующего вида (старшая группа). – М.: “Просвещение”, 2002, 58 бет.
2. Мўминова Л.Р., Аюпова М.Ю. Логопедия. – Т.: Ўқитувчи, 1992, 77-79 бетлар.
3. Денисова Н.Е. Экспресс-диагностика детей первого года обучения, имеющих проблемы речевого развития // Дефектология. – 1998. – № 2, 49-51 бетлар.
4. Коноваленко В.В., Коноваленко С.В. Экспресс-обследование звукопроизношения у детей дошкольного и младшего школьного возраста: пособие для логопедов. – М.: «Гном-Пресс», 2000, 2-14 бетлар.
5. Фотекова Т.А. Тестовая методика диагностики устной речи младших школьников. – М.: АРКТИ, 2000. – 56 б.
6. Волкова Г.Л. Психолого-логопедическое исследование детей с нарушениями речи. - СПб: Книго издательство "Сайма", 1993, 12-25 бетлар.
7. Дмитрова Е.Д. Логопедические карты для диагностики речевых расстройств: АСТ, Астрель, Харвест; Москва; 2008, 5-14 бетлар.
8. Ипполитова А.Г. Открытая ринолалия: Учеб. пособие для студентов дефектол. фак. пед. ин-тов / Под ред. О.Н.Усановой. — Москва: Просвещение, 2003, 68-73 бетлар.
9. Психолого-педагогическая диагностика: Учеб. пособие для студ. высш. пед. учеб. заведений / И.Ю.Левченко, С.Д.Забрамная, Т.А.Добровольская и др.; Под ред. И.Ю.Левченко, С.Д.Забрамной. — М.: Издательский центр «Академия», 2003. - 320 с. – 22 бет.