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Speech development in elementary school students and ways to develop vocabulary

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ABSTRACT--*This article provides recommendations for the implementation of corrective work aimed at eliminating speech disorders, vocabulary development in mentally retarded children.*

Keywords*-- mental retardation, speech defect, articulatory speech, articulatory gymnastics, auditory perception, differentiation.*

I. INTRODUCTION

Mental weakness is a permanent impairment of cognitive processes as a result of organic brain injury. As a result, the child's cognitive activity is broadly disrupted, and the speed and effectiveness of mental development are reduced. Mental retardation, in turn, can lead to speech defects. It is well-known that speech is an important factor in human development.

Speech is a powerful tool for interpersonal communication. Correct speech depends on the speech, the experience of the speaker, the right environment, and the training.

There are also deficiencies in the lexico-grammatical construction of speech-impaired children. Glossaries are poorer than normal developing peers. There is a big difference between the passive and the active dictionary. Active dictionary is much less than a passive dictionary. The dictionary of elementary school students consists mainly of nouns and everyday verbs. Many words are misused in an active dictionary. For example, a coat, jacket, coat is called a coat in one word. Often children mislead semantically related subject names within a group. They replace similar items with the most commonly used words. The reason they do not express words is because of the difficulty in distinguishing these items. Because of the poor skills of differentiation, students with intellectual disabilities are more likely to understand similar subjects.

Many sane children do not know the generalized words (household appliances, dishes, fruits, vegetables, footwear). Children of animals are incorrectly named ("horse", "horse", "goat", "goat", "cow", "cow") [6].

Elementary students with intellectual disabilities know the names that represent the subject matter, color (red, black, white, green), tasty (sweet-spicy), and very small in size. This is reflected in the difficulty of distinguishing these subjects. As a result of poor grammar development, children in this category make many mistakes in performing grammatical tasks. Syntactic structure, morphological generalization of words, change of words and new vocabulary development are not sufficiently developed in elementary school children.

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II. MAIN PART

In oral speech, it is observed that misuse of the joints. These facts are confirmed by the basic regularities of grammatical system development in ontogenesis. The inclusion of Kelly's supplements is shaped by the same laws as normal babies, but it happens much later. In mentally retarded children, the acquisition of grammatical forms occurs earlier in expressive speech than in expressive speech. This category of children misuses anything in the speech of the child, with, behind, underneath, or above. Plural and unit attachments are difficult to obtain. There are also disadvantages in the use of words for the quality, verb category. Children who are mentally retarded or cut off when they use their speech. For example: “Write. Bathing Children. On the boat. And they are lying down. ” Thus, in many young school age mentally ill children, the morphological generalization, the morphological structure of the word, and the syntactic connotation of words in the sentences are poor and unclear. It should be noted that the phonetic and phonemic and lexicogrammatic aspects of speech are different in different levels of mental retardation. The speech deficiencies listed above are typical of many children with intellectual disabilities. Also, some of these children are less likely to have speech deficiency. They do not have any deficiencies in the pronunciation of oral speech and the persistent and obvious agrammatism. However, their lexico-grammatical structure of speech differs from the expression of complex semantic and grammatical expressions in relation to children's speech in normal development. Speech defects are diverse according to their appearance in children with intellectual disabilities. Characteristics of speech defects vary according to the degree of mental retardation, as well as local trauma to the speech system and the defects in speech and speech activity analyzers. Accordingly, many scholars categorize mental retardation into two main groups: 1) children with mental retardation; 2) Atypical oligophrenes with complex speech defects. In the second group, children with mental retardation have specific speech deficits (dysarthria, rhinolalia, allalia, etc.) with general speech impairment. Internal language is poorly developed in preschoolers. As we know, any mental activity during development goes through a number of stages. The first step is based on external means. Here mental activity is characterized by the movement of the subject. In the second phase, mental activity is performed by word of mouth. The third stage is the most complex, when the child's inner mental activity is activated and it performs various mental operations within the child, with the subject itself [1].

We examined the dictionary of elementary school students with mental retardation in specialized schools for children with intellectual disabilities in Tashkent to examine the vocabulary of mentally retarded students. In the course of the examination, we found out whether students had the following words in their vocabulary:

- "What is the noun?" who is this Words that answer questions: fruits, vegetables, toys, clothes, shoes, pets, wild animals, poultry, birds, colors, seasons, holidays, family, transport, home appliances, professions, food, dishes.
- - What is the category of quality? what kind of Words to answer: color: red, yellow, white, blue, green, blue, blue, gold, gray, brown, black; form: circular, triangular, rectangular, square, rhomb, circle; Size: large or small, high-low, long, short, thick-thin, thick-thin; old, new, beautiful, ugly.
- - The verb of the verb, what is it doing, what is it going to do? Words to answer: coming, going, pouring, sewing, running, jumping, cooking, bathing, washing, eating, washing, shaving, hair-cleaning, sleeping, dancing, playing, flying.

- - General concepts: fruits, vegetables, toys, clothes, shoes, pets, wild animals, poultry, birds, colors, seasons, holidays, family, transport, home appliances, professions, food, dishes , colors, shapes.

190 primary school students with mental disabilities were examined. The survey was conducted in the following schools: special schools 25, 37, 52, 57, 66.

Table 1: The status of the Tashkent city specialized school for mentally retarded children in the 2019-2020 academic year

Class	Total	Level of mastering of vocabulary of elementary students with mental illness		
		Very low	Low	Medium
1	58	38(65%)	15(26%)	5(9%)
2	42	27(64%)	9(21%)	6(15%)
3	44	22(50%)	17(39%)	5(11%)
4	46	25(54%)	5(11%)	16(35%)
Total	190	112(59%)	46(24%)	32(17%)

When examining the vocabulary of mentally retarded students, we assumed that the level of assimilation was very low, low, and medium. Students with very low level of proficiency misunderstood the simple elementary words in the picture, misinterpreted fruits and vegetables, failed to separate the fruits and vegetables separately, failed to correctly name the family members when the picture was shown, - they could not tell the difference in the seasons and could not even tell about the help.

Out of 190 students, 46 had a low academic performance and 24% were students. This category of readers is from the noun category "Who is this?", "What is it?" They were able to answer such questions as these. Some students responded with help. Some students have had a bit of difficulty in naming the words in terms of the quality category, but have been able to provide insights into size and size. The verb is in the category "What are you doing?" Some students were able to answer this question based on auxiliary questions. The task of drawing story-based storytelling was a challenge for all students in this category. When generalizing skills were tested, students in this category were able to summarize fruits and vegetables, manuals, and “cookware, transport, home appliances, and help with the separation of“ domestic animals and wild animals ”.

Students with a high level of proficiency were able to describe words related to nouns, adjectives, verbs, to describe words that they use in their daily lives in distinguishing words from generalization, and in poultry and birds during the separation of seasons.

Of the 190 students we examined, 32 had a mean score of 17%. Of these, 5 were 1st graders, 6 were 2nd grade students, 5 were 3rd grade students, 16 were fourth grade students.

The result of our experiment was that the vocabulary of primary school pupils is far less than that of their normal peers, and children need to know the exhibitions we used in our experiment at an early age, but most of our students had very low results [5].

Speech disorders are common in children with mental retardation, which vary according to the severity of the defect and their symptoms. Because of poor development of the synthesis and analysis activities in these children, their speech skills are difficult to form, resulting in a significant reduction in the need for communication.

Poor brain development affects the speech analyzer in children with mental retardation, resulting in their inability to clearly distinguish between the sounds and words spoken by others around them. For the child to perform complex articular conditions, it is necessary to develop normal motor speech motor. In children with intellectual disabilities, general and speech motor skills appear to be slow and non-differentiated. During articulation of speech sounds, articulation of speech sounds is accompanied by weak muscular tone and poor kinesthetic feelings. Children in this category cannot develop their speech only by imitating their surroundings. The basis of speech acquisition is the formation of complex functional structures inherent in speech, ie speech analysis, synthesis, and generalization of speech. Thus, the development of speech is accomplished by mastering the vocabulary: phonemic, lexical, grammatical.

Speech defects in children with mental retardation are a complex process, and correction for normal children takes a long time. As a result of poor brain activity, the sounds in this category of children are slower and last longer. Excessive nervousness or excessive braking of the nervous system makes it difficult to move to a new level. Although it can pronounce a particular sound correctly, it can continue to use the wrong pronunciation when used in words. The process of automating sound in speech is a long one. Sometimes 3-5 sessions are enough to put the voice into the speech, but the process of automating it can take 1–1.5 years. The main reason for this is that children with mental disorders are not able to control the functioning of the upper nervous system, their ability to properly pronounce their speech.

The first step in correcting speech defects in specialized auxiliary school is characterized by its long duration and quality. At this stage, general, hand, speech motor skills, memory, attention, and auditory perception are developed. Work is being done to form the right breath through game exercises (extinguishing candles, blowing up tree leaves). Long-term breathing exercises are followed by sound exercises (echoes, repetitions of 2, 3, 4 vowels). A simple articulation exercise is then followed. Work on the development of articular motor articulation in children is carried out in two directions: the development of bases of kinesthetic behavior and the development of kinesthetic behavior of articular movements. The development of kinesthetic feelings follows the speech of a speech therapist without a mirror, and performs the actions of the tongue. Different speech combinations based on children's perceptions of hearing ("Who's the voice?", "Where did the sound come from?"), Memorizing words, repeating syllables first, and then repeating syllables without images [5].

At the initial stage, an elementary form of sound analysis and synthesis is developed. Children learn to distinguish vowels and consonants between syllables and words. Accurate sound pronunciation ensures that each individual body of the articulation apparatus works well, as well as articulation gymnastics.

Theorists and practitioners on articulation gymnastics ME Khvattsev, OV Pravdina, M.V. Fomicheva, L.S. Volkova, TB Philicheva have done research. Why Practice Language? Language is the most important organ of speech. The language must be sufficiently developed to execute the subtle movements needed to pronounce each

volume. Articular gymnastics is at the forefront of addressing child speech defects. Most children (up to 60%) of preschool age have one or more spelling sounds, which is a temporary condition. Under 4 years of age may be considered a norm, or a language may be considered a bitch, but after 4 years it is a defect. If the speech deficiencies are ignored, these defects are firmly established and subsequently have an impact on preschool and school education, as well as make it difficult to correct. Only 40% of children going to school have a well-developed and clear speech. The accuracy of the child's speech is influenced by:

- speech hearing;
- Speech
- Speech breathing
- sound and speech apparatus.

Corrective work to prevent speech disorders should therefore be started at an early age, using play and articulation gymnastics exercises to develop auditory perception and breathing apparatus during correction [1].
Artificial gymnastics forms the basis of the work of forming speech sounds - phonemes, correcting speech disorders in any etiology and pathogenesis. It is an exercise in articulation of the articular apparatus, and in doing so, to ensure the correct pronunciation of all sounds, including some sounds of a particular group.
The initial logopedic examination examines the structure and mobility of the articular apparatus and identifies defects. The purpose of the articulation exercises is to provide the child with the ability to pronounce sounds correctly, bringing the members of the tongue (tongue, teeth, lips, jaws, lungs, palate) into full, precise and accurate motion.

Some rules should be followed when performing articulation exercises:

- should be conducted daily gymnastics, which will help children to develop their skills. Exercising 3-5 minutes 3-4 times a day will produce better results; The exercises with children should not exceed 2-3.
- each exercise is performed 5-7 times; static exercises (keeping the articulation steady) should take 10-15 seconds;
- follow a particular sequence in the selection of exercises for articular gymnastics, that is, switching from simple exercises to complex ones and conducting exercises in play;
- Only one or two of the 2-3 exercises performed in each training session may be new, and the second and third exercises will serve to replicate and strengthen. If a child is having difficulty performing some exercises, there is no need to add new ones, in this case it is enough to work on old material and to develop new ways of reinforcing this exercise;
- Articular gymnastics is performed in sitting position, as this is most comfortable for a child, his body is free and upright, his arms and legs are calm;
- During exercise, the child should clearly see both the face and the face of the adult so that he or she can independently monitor the correctness of the exercise. To do this, you need to stand in front of the child and in front of a large mirror during training. The child may also look at a small mirror (about 9 * 12 in size), except that the adult should face it. When needed, the speech therapist uses special probes to ensure that the child's speech organs are properly aligned.

Exercise 1 “Shovel” (for correct pronunciation of s, z, sh, j, ch, r). The tongue is stretched out, released and placed on the lower lip. The tongue should remain calm and quiet. The tongue is then held for 5-8-10 seconds.

Exercise 2 “Bowl” (for the correct pronunciation of sh, j, ch, r). The mouth is wide open, the tongue is wide, and it is raised upwards. The tip of the tongue extends to the upper teeth (the "cup"), but does not touch them. In this case, the tongue is held for 3-4 times 8-12 seconds.

Exercise 3. "Needle" (for the correct pronunciation of l, r sounds). The mouth opens. The tongue is strained and thinner forward. In this case, the tongue is held 4-5 times for 8-10 seconds.

Exercise 4. "Up" (for correct pronunciation of s, z). The mouth is half opened. The tongue extends widely and the jaws are pressed into the teeth. The tip of the tongue is raised to the lower anterior teeth. The tongue is held in this position for 5-6 seconds, the exercise is repeated 5-6 times.

Exercise 5. Elkanah (for the correct pronunciation of sh, j, l, r). The mouth is wide open. The tongue is narrowed and the tip is flattened to the upper gums. In this case, the tongue is held for 5-6 seconds, the exercise is repeated 5-6 times.

Exercise 6. "Mushroom" (for correct pronunciation of sh, j, ch, r). The tongue surface is tightly attached to the palate. The mouth is wide open and the tongue is pulled like a toe. This exercise is performed 5-6 times. The difference between this exercise and the equine exercise is that it does not release the tongue when it is tightened to the palate.

Exercise 7. Clock (for correct pronunciation of r, r). The mouth is slightly opened, the tongue is long and thin, and in this case it moves 12 to 16 times from the right corner of the mouth to the left corner, which is approximately as clockwise.

Exercise 8. Reel (for correct pronunciation of s, z). The tongue is positioned as shown in Exercise (Exercise 4). The tip of the tongue moves forward, the body moving forward and then into the mouth. This exercise is performed 8-10 times.

Exercise 9. “Swing” (for the correct pronunciation of sh, j, ch, r). The mouth is half opened, the tongue is long thin, and then alternated to the nose and the chin. At this time the mouth is closed. Exercise is done 8 to 10 times under the logopedist count.

Exercise 10. "Paint" (for the correct pronunciation of r, l, sh, j, ch). Exercise “Elkanah” (Exercise 5), that is, the mouth is wide open, the tongue is narrowed and the tip is touched. The tip of the tongue then moves back and forth across the palate as if swinging.

Exercise 11. “Snake” (for the correct pronunciation of t, d, k, g, x, l). The language is adjusted to the position shown in Exercise (Exercise 3). The slim tongue, like a snake's tongue, is fully pulled forward and pulled back into the mouth. This operation is repeated 6-8 times.

Exercise 12. Horse (for the correct pronunciation of sh, j, ch, r). The tongue is attached to the palate and then released as if it were "copied" by force. This movement is repeated repeatedly and often, thus making the palate sound as if the horse's hoofs are knocking. The child should be asked to slow and tighten the tongue. This exercise is performed 8-10 times.

Exercise 13. “Tasty jam” (for the correct pronunciation of r, l, sh, j, ch) sounds. The mouth is slightly opened, the wide tongue is pulled out of the mouth, and the upper lip lips again into the mouth. In another variant of this exercise, the tongue first moves upwards, then the lower lip lips back into the mouth. This exercise can also be done by changing the language orientation. The action is repeated 6-8 times.

Exercise 14. "Tube" (for the correct pronunciation of s, z, sh, j, ch). The tongue is completely removed from the mouth, then the edges are lifted up, the tube is formed and the nasal tube is blown. Exercise is performed at a slow rate of 6-8 times.

Exercise 15. “Drum” (for proper pronunciation of r, l). The mouth is wide open. A widely spread tongue goes up. D-D-D-D-D-D-D is often pronounced [4], with the tip of the tongue tilted behind the upper teeth without lowering it down.

The speech therapist chooses only what he / she thinks is necessary from any of the exercises described above. The selected exercises must match the volume articulation that should be performed.

Special emphasis is placed on the activity of analyzers in the transmission of sounds: visual images of arculation, perception of sounds, sensation of vibration and vibration. In children with mental retardation, the use of speech sounds is accomplished through mixed methods. Automated voice automation in a specialized auxiliary school will take a long and long time. At this stage, complex forms of sound analysis and synthesis of sounds are being worked out, separating the desired sound in a word and determining its position over other sounds. Children with mental retardation may find it difficult to determine the position of sounds in words, so they will not be able to adjust the articulation to sound when pronouncing this sound in words, especially if the required volume is in the middle or at the end of a word. In the process of automating sounds into speech, it is recommended to do the following: syllables, reinforcing words, automating sounds in sentences, working on connected speech and pronunciation in speech. A key feature of this phase is the proper planning of the training topics. For example, in consolidating the sound of s in the joints: in the open joints: sa, h, si, su; reverse syllable: as, os, is, us; closed joint (at the beginning of the syllable): left, slightly, tuberculosis, milk; closed syllable (at the end of the syllable): Tas, tone, compatible.

In conclusion, we can say that speech is an instrument of communication and powerful communication in all areas. Speech is not the innate ability of humans. Speech develops slowly in children. As children grow, their speech develops. To some extent, speech disorders affect a child's mental development, reflect on his / her activities and behavior, lead to personality disorders, and produce negative adolescents. True, speech deficits can have a negative impact on the development of vocabulary and may result in a child's poor communication skills. Lack of speech, poor vocabulary, and poor communication skills can make it difficult for children to attend school. As early as possible, corrective action to address speech deficiencies will be effective.

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