



DISTINGUISHING SPEECH DEVELOPMENTAL DEFICIENCIES OF PRESCHOOL CHILDREN FROM OTHER SPEECH DEFECTS

Esnazarova Zulfiya Oljabaevna

Nukus State Pedagogical Institute named after Ajiniyaz, Faculty of Preschool Education, Department of Preschool Education and Defectology.

Article history:	Abstract:
Received: 26 th August 2021 Accepted: 24 th September 2021 Published: 30 th October 2021	Classification of speech disorders with the advent of speech therapy, all scientists involved in this science strove to create various classifications of speech disorders. The lack of study of the direct mechanisms of speech leads to the fact that it is rather difficult to classify these disorders.
Keywords: Clinical-pedagogical and psychological-pedagogical, pathological conditions, anatomical and physiological damage, violations	

At first, speech therapy did not have its own classification, and it relied on the knowledge of medicine. One of the first who proposed the classification was A. Kussmaul (1877), who systematized the existing speech disorders. This classification came to be called clinical. V. During the development of speech therapy, it was found that speech disorders arising in the development process cannot be equated with those disorders that have arisen in the already formed system. It became necessary to create an alternative classification. Currently, modern speech therapy adheres to 2 classifications: clinical-pedagogical and psychological-pedagogical, or pedagogical (according to R.E. Levina). These classifications consider speech impairment problems from two sides, from different points to view, but do not contradict each other, but, on the contrary, complement each other.

Clinical and pedagogical classification is based mainly on the medical aspect of the disorder, focusing on the correction of the speech defect, and goes from the general to the particular. In this classification, the leading role belongs to psycholinguistic criteria. Clinical criteria are assigned a clarifying role in explaining the anatomical and physiological mechanism of the disorder.

All types of violations of the clinical and pedagogical classification are subdivided into 2 groups: violations of oral and written speech. Violations of oral speech are subdivided into violations of the external utterance (or the pronunciation side of speech) and violations of the internal utterance. Let's consider these violations in more detail. 1. Violations of external expression can be divided into several subspecies:

- violations of voice production;
- violation of the tempo and fluency of speech;
- violations of sound pronunciation;
- violations of intonation. These violations can be observed as independently, and in the

aggregate. All described pathological conditions were given specific terms.

1. Dysphonia - the absence or disorder of function due to pathological changes in the vocal apparatus with this violation of speech, the voice is either completely absent, or various changes and violations occur in the strength, timbre of the voice. These changes are caused by functional or organic lesions of the vocal apparatus and can occur at any age stage.

2. Bradylalia is a pathological slowdown in speech that occurs when the process of inhibition prevails over arousal. With Bradylalia, speech slows down greatly, vowels stretch, speech becomes fuzzy.

3. Tachylalia is a speech disorder in which speech becomes pathologically fast. At the same time, the phonetic, lexical and grammatical aspects of speech are preserved... Tachylalia can be organic or functional. If unreasonable stutters, pauses, etc. occur during tachylalia, then it is called "half-line". Bradylalia and tachylalia refer to speech tempo disorders.

4. Stuttering is a violation of the tempo and rhythm of speech, caused by muscle cramps of the speech apparatus. Stuttering can be organic and functional. It usually occurs during critical periods of a child's development.

5. Distalia - violation of sound pronunciation with normal hearing and normal innervation of the speech apparatus. It manifests itself in substitutions, distortions, mixing of certain sounds. This happens for several reasons: due to the lack of formation of the correct position of the articulatory apparatus when pronouncing certain sounds, due to incorrect assimilation of articulatory positions, due to defects in the articulatory apparatus itself.

There is also a psycholinguistic aspect of this disorder: it can occur as a result of a violation of the distinction and recognition of the phonemes of the native language., i.e., a perception defect occurs. It can also occur if the child has not formed such operations as the selection of the realization of sounds.

Then they talk about production defects. If there is any defect in the structure of the speech apparatus, then the violation is organic, if not, then functional. Violations occur in a child during the development of speech, and if there was a traumatic situation - at any age.

The defects described above are in the form of an independent violation. But there are also those in which several links of the complex mechanism of utterance are violated. Among them, dysarthria and rhinolalia are distinguished.

6. Rhinolalia is a violation of the pronunciation side of speech or the timbre of the voice, caused by anatomical and physiological damage to the speech apparatus. With rhinolalia, a specific change in voice occurs.

This is due to the fact that when pronouncing all sounds, the air stream passes not into the oral cavity, but into the nasal cavity, in which resonance occurs. Speech becomes nasal, without exception, all sounds are disturbed (with dyslalia, only some sounds can be disturbed). The child's speech becomes monotonous and slurred. Speech therapy science refers to rhinolalia such a defect of the speech apparatus as congenital clefts of the palate.

7. Dysarthria - a violation of the pronunciation side of speech due to insufficient innervation of the speech apparatus. Dysarthria occurs due to organic damage to the central nervous system. Most often, dysarthria is associated with early infantile cerebral palsy, but it can also occur at any age in a child's development due to previous brain infections. Dysarthria differs in location and severity. The second group of violations in oral speech are violations of internal design. Statements. It distinguishes 2 types of violations.

1. Alalia - complete absence or underdevelopment of speech due to organic lesions of the speech zones of the brain during intrauterine development or pre-speech development. This is one of the most difficult speech defects: the language system is not formed, all parts of the pronunciation side of speech suffer.

2. Aphasia is a speech disorder in which there is a loss (complete or partial) of the ability to use various means of language. Baby can't lose speech due to traumatic brain injury, various infectious diseases of the nervous system. With aphasia due to trauma, loss of already formed speech. This distinguishes aphasia from alalia. The next type of violation in this classification is a violation of written speech. Depending on what form of speech is impaired (writing or reading), several types of impairments are distinguished.

1. Dysgraphia - "partial specific disorder of the writing processes". It manifests itself in unstable images of letters (optical-spatial, etc.), there is a mixing, distortion, substitutions and omission of letters. The most severe form of dysgraphia is agraphia, i.e., complete inability to master writing.

2. Dyslexia is a speech disorder that is caused by damage to the central nervous system. The child's reading process itself is disturbed: he cannot correctly identify the letters, as a result of which he reproduces them incorrectly, violates the syllable composition of words... Because of this, the child's whole meaning of what he read is distorted.

An extreme form of dyslexia is alexia, an inability to read. Violations of writing and speech are mainly detected when a child enters school and significantly complicates his education. Dysgraphia and dyslexia should be distinguished from dyslexia and dysgraphia, which occur as a secondary manifestation in aphasia, i.e., in these cases, we are not talking about speech disorders, but about their loss. Thus, in modern speech therapy, 11 forms of speech disorders are distinguished. Nine of them - these are violations of oral speech that arise at various stages of its generation and implementation: dysphonia, tachylalia, bradylalia, stuttering, dyslalia, dysarthria, rhinolalia, alalia and aphasia; and 2 - writing disorders: dysgraphia and dyslalia. It should be noted that this classification includes only those types of violations for which special methods of correction have been created.

LIST OF REFERENCES:

1. R.M. Qodirova. Psychological factors in the development of dialogic speech in preschool children. Sariogach, 1998.
2. F.R.Qodirova. R.M Qodirova. Methods of teaching a second language to preschool children. T., "Sano-standard", 2004.
3. F.R.Qodirova. R.M Qodirova. "Theory and methods of children's speech development." T., "Istiqlol", 2006.
4. Babayeva D.R. "Methods of speech development" T.: TDPU 2016. Study guide.
5. Shodiyeva O.Q. Methods of speech development. Teacher Publishing House, Tashkent. 2008.
6. Shodiyeva Q.S. Proper pronunciation of preschool children teach Tashkent. 1995
7. Askarova M., Matchonov S. and others. Speech of young children to grow Tashkent. Uzbekistan, 2001
8. Rozboyeva E.M., Ahmedova Q.A. Methods of speech development. Tashkent. 2004
9. Fayzullayeva M., Rustamova M. Preschool children Enhancing oral communication. (Development of exercises for the preparatory group) Tashkent. 2009
10. Gulyamov A., Kobulova B. Speech training. Tashkent, "Teacher." 2001 y.