

CHILDREN WITH IMPAIRED ANALYZER FUNCTION AND SPEECH DISORDERS

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Abstract. Failure to develop speech is caused by disturbances in its sensory or motor aspects. Often, both functions are impaired.

The reasons for the underdevelopment of speech include various negative effects during pregnancy, birth injuries and asphyxia, injuries of the speech centers after the birth of the child.

Keywords: Analyzer, alalia, aphasia, agrammatism, oligophrenic, motor alaic, schizophrenia, mental retardation, logopedia, asphyxia.

INTRODUCTION

In motor alalia, the active vocabulary is not formed independently or is formed very slowly. Children willingly perform tasks that do not require the use of active speech. Such children are significantly behind in development. Their understanding and imagination will be limited.

In some children, retardation of mental development comes together with pronounced speech defects.

As a result of logopedic training, children's speech begins to develop. But vocabulary, especially active vocabulary, increases slowly. Agrammatisms begin to be observed in the speech. Later, problems and difficulties arise in education.

Diagnosing children with predominant sensory disorders in speech is very difficult. Such children do not understand speech. As a result, speech communication becomes difficult, which in turn negatively affects the mental development of the child.

After long-term training with a specialist, children develop a reaction to speech, and then a desire for independent pronunciation. Children's speech in the first lessons consists of separate sound combinations, sometimes short words. The vocabulary expands slowly.

Due to the nature of difficulties in diagnosis, sometimes children with speech defects are replaced by oligophrenic children.

It is very important to use visual aids as much as possible in the examination of speech-impaired children. It is necessary to recommend tasks that do not require active speech from the child. In this way,



the child's knowledge, imagination, independent organization of the game, etc. are determined. Diagnosing speech disorders in children with motor disabilities is not difficult.

In some cases, the underdevelopment of speech can be combined with the underdevelopment of mental activity. This situation can be determined as a result of the long-term study of the child in special speech schools.

In order to draw a reasonable conclusion about the child's intellectual development, it is necessary to analyze his activity along with the nature of performing individual tasks.

The good or bad performance of any task does not give a reason to think about the level of intellectual development. It is necessary to take into account the characteristics of the child's activity when performing a large number of different tasks and distinguish the psychological data characteristic of the child (age, personality) and, if any, the pathological aspects of intellectual activity and emotional level. It is also necessary to take into account his attitude to the examination, his behavior, ability to work, level of fatigue. It is important to carefully analyze information about the development of memory, attention, as well as hearing, vision, and speech. A conclusion about the child's intellectual development can be made on the basis of all the above-mentioned characteristics.

At the time of inspection, intellectually normal children have a normal, serious, active behavior. They are interested in the process of completing tasks, the result of the work and its assessment. For intellectually normal children, all of the above-mentioned tasks are not difficult.

Naturally, 7-year-old children need more organizational support in difficulties than 8-9-year-old children.

If children with behavioral disorders are sent for examination, their intellectual development can be correctly assessed only in optimal conditions: for example, in good communication and significant motivation. In order to understand how the quality of the child's answers is related to the disorders in his people, it is appropriate to compare the results achieved before and after the contact.

If the quality and speed of the child's answers improve or deteriorate, change at the end or in the middle of the test, this may be associated with a violation of the child's ability to work. In such cases, it is necessary to analyze the indicators in connection with the child's exhaustion or going to work. A decrease in the ability to work can be observed in children of different levels of intelligence. That is why it is important to compare the quality of tasks at the beginning and end of the test after rest.

A decrease in working ability and attention during the examination is characteristic for most children with mental retardation. In some children, it is observed that the general pace of orientation, processing, activity in new material is slowed down.

In others, due to their rapid fatigue, a decrease in concentration and dispersion of attention in the process of activity is detected. The activities of children with mental retardation are not sufficiently targeted compared to the activities of children with normal development. Often they can explain their purpose, justify their answers even when the task is performed incorrectly. There will not be many active dictionaries. If a child with mental retardation is given organizational and educational support, the quality of the tasks performed by them will approach that of normal children.

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