

SUPPORTING CHILDREN WITH DISABILITIES IN PRIMARY EDUCATION TO LEARN WITHOUT FALLING BEHIND THEIR PEERS

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ABSTRACT

The article focuses on preventing children with disabilities from becoming isolated from their peers and society in general, supporting their education, and developing and implementing various methods aimed at improving their knowledge and potential.

Keywords: Speech, speech therapist, defectologist, sound pronunciation, phonetic perception, speech sound disorders, corrective pedagogy, inclusive education.

INTRODUCTION

It is well known that serious changes have taken place as a result of reforms in the education system. The Law “On Education” and the “National Program for Personnel Training” established the general theoretical and legal foundations in this field. The transformation of educational stages led to an increase in efficiency and quality, as well as a radical renewal of educational content. In accordance with the UN Convention on the Rights of the Child, all children, including children with developmental disabilities and disabilities, must be provided with opportunities for full social participation and conditions for realizing their potential to the maximum extent possible. This is achieved through rehabilitation services, education, and upbringing. The humanitarian values of modern civilized society require providing every child with developmental disabilities the opportunity to live a fulfilling life. One of the main obstacles on this path is the difficulty of social adaptation, which every child with developmental disabilities experiences. Disability complicates the formation of adaptation mechanisms and the adaptation process itself. The first President of the Republic of Uzbekistan, Islom Karimov, declared 2007 the “Year of Social Protection,” which had significant importance for special education.

LITERATURE REVIEW AND METHODS

In our country, educational work with intellectually disabled children is carried out in special preschool and school institutions within the systems of education and healthcare. Children with severe central nervous system damage are placed in social protection institutions such as orphanages, where they also receive education and upbringing according to special programs. To increase the effectiveness of the pedagogical process, special institutions must be properly equipped. Therefore, the issue of accurate differential diagnosis becomes especially important. Before solving this problem, it is necessary to determine which children should be considered intellectually disabled and to understand the specific features of their cognitive activity and emotional-volitional behavior. Researchers note that the main characteristics of the mental development of oligophrenic children include underdeveloped higher forms of cognitive activity such as analysis, synthesis, generalization, and abstraction; concreteness and superficiality of thinking; slow speech development; and immaturity of the emotional-volitional sphere.

Foreign literature describes various models of early support for children with developmental disabilities beginning from infancy, including centers in Sweden and early intervention programs in

the United States. The "Integration Education Center" in Saint Petersburg established early support services based on the models of these centers and continues its activities today. The service is aimed at supporting children with developmental disabilities from birth to the age of three and assisting their families.¹

Regarding methods, several approaches are used in examining articulation organs. The "Ring" exercise involves joining the thumb and index finger into the shape of a ring and successively placing it on each finger. Then the hands switch positions. The "Exercise with an Expander" involves giving the child a ring-shaped expander that is squeezed and released alternately with both hands. Another method is connecting fingers with the same names while raising the hands upward with the palms facing each other and bending the fingers as if greeting each other.

DISCUSSION AND RESULTS

Intellectual disability is not simply a "small intellect"; it is a qualitative change in the entire psyche and personality caused by organic damage to the central nervous system. It is an atypical form of development in which not only intellect but also emotions, willpower, behavior, and physical development are affected. Such a diffuse nature of pathological development in intellectually disabled children is associated with the characteristics of their higher nervous activity. Although the causes of intellectual disability are diverse, some common features remain. Due to early damage to the central nervous system and the later stabilization of the disease, mental development occurs on a defective basis. Despite the different causes of brain damage, mental development takes place under similar conditions because the brain damage occurs before the development of speech and thinking. In the medical rehabilitation of children with developmental disabilities, therapy for early cerebral deficiencies is carried out through physiotherapy, phytotherapy, psychotherapy, therapeutic physical education, and general health-improving treatment. The main tasks of medical rehabilitation for persons with limited life activities include improving preventive measures, early detection and diagnosis of developmental defects in children, improving habilitation and rehabilitation measures, and increasing cooperation between medical and corrective educational processes.

According to N.I. Khvorostyanova (2001), the adaptation opportunities of disabled children are reduced by the following factors:

1. Physical developmental deficiencies. Disabled children often suffer from illnesses unrelated directly to their disabilities. Physical health impairments such as disorders of speech, hearing, and motor activity limit opportunities for communication. 2. Lack of psychological opportunities for communication. Children raised in closed institutions or unfavorable family environments, taught at home, or treated too cautiously by peers and adults often develop psychological and social infantilism.

3. Lack of material resources necessary to satisfy the special needs of disabled children, such as hearing aids and special devices, as well as architectural and psychological barriers in society, significantly limits the social adaptation opportunities of disabled children.

CONCLUSION AND RECOMMENDATIONS

In conclusion, experience has shown that if subtle developmental changes in the first year of a child's life are not noticed and the necessary treatment and educational measures are not implemented, difficulties and problems in future education become inevitable. On the other hand, if comprehensive and appropriate activities are carried out with children who have severe developmental changes, high results can be achieved. Therefore, the earlier such training and

¹ Speech Therapy. Tashkent, 2018.

support begin, the easier it is to achieve positive outcomes. As a recommendation, it is necessary to organize training courses for teachers working with children with disabilities in cooperation with foreign countries in order to improve their qualifications and exchange experience. This practice would help introduce global experience into the education and upbringing of children with disabilities and would have a positive impact.

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