

THE IMPORTANCE OF MOBILE APPLICATIONS IN THE SPEECH DEVELOPMENT OF CHILDREN WITH SPEECH RETARDATION

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Annotation: Multiple violations limit this possibility; children rarely initiate communication, because they do not master the generally accepted forms of communication [1]. Being the basis of social interaction, speech activity acts as a stimulus for development, therefore, the activation of speech activity in children with complex disorders in various life situations to explain their needs, desires and self-expression is particularly significant. The low level of speech activity limits the possibilities of self-realization of children, does not provide free communication. The formation of such skills should be built from the level at which the child is now, taking into account the available means of communication.

Key words: diagnosis changes, motor alalics, a complex medical.

More and more powerful smartphones – mobile phones with computer functions - are appearing on the consumer market. In the conditions of the information society, new opportunities are emerging for the modernization of educational activities:

Pogg — Spelling & Verbs. Learning vocabulary in a playful way. It is useful when training writing skills, learning new words.



Learn to Read with Tommy Turtle. In this application, children are given the opportunity to learn how to read simple words, understand oral speech and distinguish sounds.



When confronted with a diagnosis of Motor alalia, parents go through the same stages of accepting this severe speech disorder as in any traumatic situation. You can read more about the stages of accepting the inevitable here. Depending on the psychological state of the parents, the search query for this diagnosis changes. In addition, search engines "help" you to find what you are looking for. In the denial phase, search engines will "help" you find those who say that everything will pass by itself. In the depression phase, there will be those who will explain that motor alalia in a child is incurable [2].

It could not be a motor alalia, but some other speech or non-speech (psychological) disorder, but in any case it did not go away by itself. This is what specialists are for - you need to be examined, consulted to understand exactly what is happening to the child. In the case of motor alalia, the child and are engaged for 2-3 years, and if it is a VRR, then we usually do everything in a couple of months.

Everyone has their own concept of "did not speak" – someone believes that until a child pronounces "armored personnel carrier", he does not speak. That is, when the speech norm is 2-3 years old, parents tell everyone around that the child does not speak yet.

Most often, motor alalia is diagnosed to children no earlier than 5-7 years old, although it was previously diagnosed from 2-2.5 years old, since it was from this age that groups were recruited to kindergartens with TNR, and in France and Switzerland they are now starting to work with motor alalics at an early age. Everyone understands that alalia is an organic lesion of areas of the brain obtained during pregnancy, childbirth or at a very early age [3]. But at the same time, the diagnosis is made at such a late age, as if the child was developing perfectly until 5-7 years old, and then suddenly stopped talking, became aggressive and stupid. Or even worse - already at the age of 2 he was speechless, aggressive and with reduced intelligence. There are very few such children and they come under the supervision of other specialists immediately. But then at 5-7 years old, a lot of motor alalics appear out of nowhere. That is, the problem is also that they simply do not know how to see it before.

So, in the first year of life, the child's speech apparatus is being prepared for the pronunciation of sounds. Walking, "pipe", babbling, modulated babbling are a kind of game for the baby and give the child pleasure, for many minutes he can repeat the same sound, practicing in a similar way in articulation of speech sounds. At the same time, there is an active formation of the understanding of speech.

An important indicator of the development of speech up to one and a half to two years is not so much the pronunciation itself as the understanding of the reversed speech (receptive speech). The child should listen attentively and with interest to adults, understand the speech addressed to him well, learn the names of many objects and pictures, fulfill simple household requests-instructions. In the second year of life, words and sound combinations already become a means of speech communication, i.e. expressive speech is formed.

The main directions of complex therapy for developmental dysphasia in children are: speech therapy, psychological and pedagogical corrective measures, psychotherapeutic assistance to the child and his family, drug treatment. Since developmental dysphasia is a complex medical, psychological and pedagogical problem, the complexity of the impact and continuity of work with children of specialists of various profiles are of particular importance when organizing assistance to such children [2].

Speech therapy is based on the ontogenetic principle, taking into account the patterns and sequence of speech formation in children. In addition, it has an individual, differentiated character depending on a number of factors: the leading mechanisms and symptoms of speech disorders, the structure of the speech defect, age and individual characteristics of the child. Speech therapy and psychological and pedagogical correctional measures are a purposeful, complexly organized process that is carried out for a long time and systematically. Under these conditions, correctional work provides the majority of children with developmental dysphasia with sufficient means for speech communication.

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