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FEATURES OF SPEECH READINESS FOR SCHOOL LEARNING PRESCHOOL CHILDREN WITH VISUAL IMPAIRMENTS

Bielova O. B.

*PhD in of Pedagogical Sciences, Associate Professor,
Associate Professor of the Department of Speech Therapy and Special
Techniques Kamyanets-Podilsky Ivan Ohienko National University
Kamyanets-Podilsky, Ukraine*

Studies of children with visual impairments focus on psychoanalytic diagnosis (Fraiberg, 1972), the peculiarities of the development of their practical (Mayadas, 1972), educational (Bishop, 1996) activities, as well as general development (Solntseva, 1967; Sinyova, 2008; Norris, 1957; Warren, 1977). The scientific study of speech in this category of children shows a low level of language motivation (Vavina, 2008), considerable difficulties in speaking (Semenishen, 2011), communication (Vavina, 2008; Nekrasova, 2002; Semenishena, 2011; Feoktistova, 2005, etc.), understanding meanings of words (Remazhevskaya, 2010), violation of speech perception of images of objects (Plaksina, 1999); difficulties in using language tools in life situations; problems during the acquisition of written speech (Kolomiets, 2014), coherent, dialogical and monologue speech (Degtyarenko, 2005; Pokutneva, 2014). In addition to that, violations of phonetic, phonetic-phonemic, lexical-grammatical character have been observed in scientific works (Volkova, 1990; Lukoshevichene, 1986). All this affects the general readiness of older preschoolers to study at school (Kolomiets, 2014; Svyridyuk, 1984; Chernykh). Corrective work described by scientists includes medical and pedagogical correction (Grebenyuk, 2005); rehabilitation work (Degtyarenko, 2005; Kondratenko, 2011; Palasevych, 2014); formation of the individual lexicon (Shalay, 2004), coherent speech with the use of fairy tale therapy (Fedorenko, 2015), self-concept (Taran, 2008), learning knowledge of science (Palamar, 2018), communicative culture (Nikulina, 2006;), communicative readiness for school (Vatamanyuk, 2016), semantic understanding of speech (Lukoshevichene, 1986); development of cognitive activity (Andrasyan, 2004).

In scientific literature, the causes of visual impairment are divided into congenital and acquired. There are stationary disorders of the visual analyzer (under the influence of treatment stops the decay of congenital malformations: microphthalmos, coloboma, astigmatism, cataracts) and those that progress (gradual deterioration of visual functions under the influence of pathological factors).

Given the psychological and pedagogical characteristics of children with visual impairments are divided into two groups: 1) blind (complete lack of visual sensation); 2) with reduced vision (impaired perception of colour, light).

Blind children do not have a clear understanding of words with a specific meaning. Compensation for lost vision occurs with the help of a preserved analytical system (hearing, tactile sensation, taste, etc.). In contrast, children with low vision most often have problems with speaking (Semenishen, 2011) and communicating with those around them (Vavina, 2008) [7; 11].

Vavina (2008), Remazhevskaya (2010), Sushkova (2006) [6; 8; 11] in educational and correctional work with children with visual impairments, in addition to the formation of cognitive and tactile processes, also involve the development of speech abilities. Since in this category of children there are violations of substantive, effective correlation with the meaning of the word, Remazhevskaya (2010) suggests working on different types of speech activities, namely: coherent and grammatical speech, vocabulary, correct pronunciation, propaedeutic preparation for written speech; development of sensory perception, visual-spatial representation, the ability to correlate words with their lexical meaning [6]. The developed diagnostic method of Vavina (2008), Remazhevskaya (2010), which includes drawings of yellow and black colours, allows children to better perceive the research material, which, according to the authors, helps to identify signs of speech disorders (dysgraphia) in older preschoolers [11].

Plaksina (1999) emphasizes in her work that children with visual impairments are characterized by the impoverishment of the process of ideas and subject images, reduction of sensory experience, which affects the level of their speech orientation [4]. Researcher Kolomeyets (2014) notes that speech underdevelopment combined with visual impairments leads to children's unwillingness to go to school. Preschoolers experience delays in the formation of speech skills, inability to use language in practice, as well as problems in learning written speech. Only a complex speech therapy effect based on the preserved analyzers helps to correct the speech system: phonetic-phonemic and lexico-grammatical norms of speech, coherent speech, phonemic hearing, skills of auditory analysis and synthesis, sound differentiation, etc. [2].

Researcher Vavina (2008) notes that the speech activity of preschoolers with visual impairments is not active enough: the reason is the low level of motivation when communicating with the environment. She suggests creating special motives that will encourage children to use oral coherent speech in different learning and life situations [11].

Other scholars have also drawn attention to the importance of the formation of coherent speech (Degtyarenko, 2005; Pokutneva, 2014) [1; 5]; in particular, Pokutneva (2014) suggests at the initial stage to conduct vocabulary work and deal with the grammatical structure of speech. According to her, in order for preschoolers to master coherent speech, systematic work is needed: the acquisition of skills and abilities of dialogic speech and the formation of monologue [5].

Speech development, according to Svyridyuk (1984), is part of intellectual readiness. It provides semantic (general ideas about the world around and initial subject knowledge of the language, mathematics, science, etc.) and procedural (mastery of learning elements and mental actions) aspects of readiness. According to the author's observations, it is the procedural direction that partially provides speech training: knowledge of phonetic analysis, the stress of syllables, etc. [9].

The results of a study by Russian scientists Volkova (1990) and Lukashovichene (1986) indicate that preschoolers with visual impairments are characterized by systemic speech disorders of phonetic, phonetic-phonemic, lexico-grammatical (general speech underdevelopment) nature. These speech defects are common to both children with typical and impaired vision. Therefore, training and correction work should take into account the results of the survey and a certain level of speech formation [10].

Researcher Semenishen (2011), studying the speech readiness of preschool children with low vision, observes in many difficulties associated with the phonemic perception of oral speech. It is also noted that most preschoolers, having compensatory abilities, perceive speech by ear at sufficient and high levels, as well as their peers without visual pathologies. Problems arise during «talking» and «communicating» with adults and peers. Therefore, of course, the researcher identifies the criteria of speech readiness for schooling, which should be formed in this category of children: phonetic (sound-letter analysis), phonemic control (listening, comprehension), lexical and grammatical (correct construction of lexical units in grammatical constructions) speech comprehension; vocabulary; development of dialogic, monologue and coherent speech [7].

The main requirement for literacy in school for children with visual impairments is their speech readiness, which does not cover individual components (which are presented in scientific works: development of

language motives, vocabulary, phonetic and phonemic comprehension of speech, speaking, communication, listening, etc.), but complex formation of articulatory motility, phonemic hearing, correct pronunciation, sufficient level of vocabulary (active and passive), grammatical, lexical (representation of the surrounding reality) norms of speech, dialogic, monologue, coherent speech, mastering writing and reading skills.

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