

## **SPEECH THERAPY. SPECIAL PSYCHOLOGY**

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### **FEATURES OF SPEECH READINESS FOR SCHOOL LEARNING PRESCHOOL CHILDREN WITH MENTAL RETARDATION**

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Studies of speech activity in children with mental retardation are aimed at studying the specifics of disorders (Kostenkova, 2002; Lebedinskaya, 1984; Pevzner, 1980; Shevchenko, 2014; Sobotovich, 2013; Vlasova, 1973; etc.) [6; 7; 10; 11; 13; 16], on the peculiarities of children's readiness for school (Ilyashenko, 2002; Koneva and Karpushkina, 2018; Skripkina, 2017) [4; 5; 12]; diagnostics (Bastun, 2000; Boryakova, 1999) [1; 2], psychological and pedagogical correction (Ekzhanova, 2012) [3] and the formation of general learning abilities (Ulenkova, 1990) [15].

Scientific studies show that this category of preschoolers on the background of general fatigue has low speech activity (Boryakova, 1999; Koneva, 2018; Maltseva, 1991; Sobotovich, 2013; Tarasun, 2013; S. Shevchenko, 2014, etc.) [2; 5; 8; 11; 13], which is characterized by underdevelopment of all entire speech system (impoverished vocabulary, disorders of sound pronunciation, phonetic perception, impressive and express speech, the grammatical structure of speech, coherent speech, lexical comprehension of language, etc.), which in parallel causes difficulties in the communicative sphere (Omelchenko, 2019) [9].

Mental retardation is associated with the influence of negative factors during the fetal period, childbirth or during the first years of life. Organic damage to the central nervous system or genetic conditioning slows down the pace of mental processes. Therefore, such children are not yet ready for school. The level of physical and physiological training, cognitive activity and speech is lower than that of their peers with typical psychophysical development.

The child psychiatrist and defectologist Lebedynska (1984) developed a classification of MR in terms of etiopathogenetic principle: cerebral-organic

genesis; constitutional mental and physiological infantilism; somatic origin; psychogenic origin; pedagogical neglect [7].

Ulenkova (1990) creates special diagnostic criteria for readiness for learning, identifies structural components of educational activities (indicative-motivational, operational and regulatory), as well as five levels of assessment of the formation of general readiness for learning:

1st corresponds to the formed level of cognitive, motivational and emotional and volitional activity;

2nd – insufficient formation of cognitive activity, self-control, programming of the activity, need for the help of adults;

3rd is characterized by passivity in performing tasks, lack of self-regulation and verbal forms of programming activities;

4th – psychological lag behind children with typical psychophysical development (lack of understanding to perform certain tasks); The 5th corresponds to a very low level of underdevelopment (deviation from the indicators of typical psychophysical development) and differs in the focus only on tasks that do not require mental load [15].

According to the scientist, children with mental retardation are characterized by the second and third levels of general formation of mental readiness for learning, namely low level of ability to learn, lack of cognitive interest, self-regulation and control.

According to Skripkina's research (2017), children in this category have a stereotyped, superficial type of speech-thinking activity: they do not analyze the connections between words and do not use it to perform other tasks. They have a limited vocabulary, problems in the ability to summarize speech information, formulate conclusions, reason, use conversational and life concepts in conversation [12].

Boryakova (1999), Koneva (2018), Maltseva (1991), Sobotovich (2013), Tarasun (2013), Shevchenko (2014) and other scientists note that against the background of general fatigue, low speech efficiency in children with MR (excellent) from their peers with typical psychophysical development) is formed rather slowly, with the corresponding shortcomings [2; 5; 8; 13; 11; 14]. Preschoolers usually have violations:

- of sound speech (as a result of cerebral-organic genesis), which in the future will lead to reading and writing disorders;

- of phonetic perception (difficulties in the differentiation of sounds, phonetic analysis and synthesis);

- of impressive speech (perception and understanding of speech);

- of expressive speech (speaking process);

- of the grammatical structure of speech (problems in modelling of utterances, use of morphological and syntactic subsystems of language; stable agrammatism);

- of coherent speech (inability to perform internal programming of the text, reproduction of creative ideas, etc.);
- of lexical norms of language (misunderstanding of synonyms and antonyms);
- on filling the vocabulary and incorrect use of words (predominant nouns and verbs, semantic substitutions «frame» window; difficulties in using words of generalized, spatial meaning, colour differences (size, shape, etc.).

*The analysis of scientific works gives grounds to assert that older preschoolers with mental retardation do not have important cognitive and emotional indicators of readiness to master the curriculum at school. There is a systemic delay in the formation of speech functions, which causes specific disorders of communicative and speech activity. Speech readiness of this category of children, from the standpoint of scientists, involves comprehensive work on impressive and expressive speech, which provides: understanding and use in the speech of logical and grammatical constructions, phonemic perception, word formation, lexical mastery of word meanings, coherent utterance, vocabulary, etc..*

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Сучасна логопедія потужно збагачується міждисциплінарними знаннями з нейропсихології, психолінгвістики, неврології, психіатрії. Цей процес актуалізує дискусійні погляди на мовленнєві порушення, у тому числі – на алалію.

У різні часові відрізки алалію досліджували Р. Белова-Давид, Л. Волкова, П. Гуровець, Г. Гуцман, В. Ковшиков, Р. Коен, А. Кусмауль,