



The tasks of a speech therapist in the context of work on the correct pronunciation of sounds

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ABSTRACT

The article discusses the tasks of a speech therapist in the context of work on the correct pronunciation of sounds, the development of speech listening skills, the development of the articulation apparatus, and the development of speech breathing.

Keywords:

grammatical skills, speech forms, speech therapist, preschool educational organization and family, speech skills, the task of a speech therapist.

Correct pronunciation of sounds can be formed only if children have sufficiently developed mobility and rapid change of the organs of the articulation apparatus, speech breathing, and they are able to control their own voice. To form correct pronunciation, it is also very important to have a well-developed ability to listen to speech, because it allows for self-control, and self-control encourages constant work on oneself.

Defects in sound pronunciation can occur due to defects in the speech apparatus (defects in the upper hard and soft parts of the mouth), errors in the structure of the dentofacial system, shortness of the sublingual nodes, insufficient mobility of the articulation organs, insufficient development of the ability to listen to phonemic hearing (inability to distinguish one sound from another). Weakened physical listening skills, inattentive attitude to one's own speech (inability to listen to oneself and others), and

adopting the incorrect speech of others can also lead to defects in pronunciation.

Children's incorrect pronunciation of sounds is manifested in the omission of sounds, replacing one sound with another, and distorting the pronunciation of sounds. It is especially important to start working with children who have detected cases of sound substitution or distortion, since sound substitution can later appear in written speech (replacing one letter with another), and sounds that are pronounced incorrectly and are not corrected in time require a lot of time and effort from the speech therapist and the child to eliminate them.

Developing correct and well-pronounced speech in children, the speech therapist must solve the following tasks:

- to cultivate listening skills in children, gradually developing its components, namely: listening attention (the ability to determine what sound is and its direction based on the

sound of a sound), phonemic hearing, the ability to perceive the pace and rhythm of this speech;

- to develop the articulation apparatus;
- to work on speech breathing, that is, to teach short inhalations and long exhalations to speak freely in phrases;
- to develop the ability to control the volume of the voice, depending on the communication situation;
- to form the correct pronunciation of all sounds of the native language;
- to get used to pronouncing each sound, as well as words and phrases, clearly and intelligibly, and to good pronunciation in general;
- to develop the pronunciation of words in accordance with the norms of the orthoepic rules of the Uzbek literary language;
- to form a normal speech pace, that is, to teach to pronounce words and phrases slowly, without accelerating or slowing down speech, and at the same time creating the opportunity for the listener to clearly understand;
- to develop the tonal expressiveness of speech, that is, to form the ability to clearly express thoughts, feelings and mood using logical pauses, stress, intonation, pace, rhythm and timbre.

A speech therapist must have a sufficient understanding of speech defects before timely identification and referral to a specialist.

Now let's consider each task in detail.

1. Development of the ability to listen to speech

In the early period of speech formation, the development of the main components of listening to speech does not proceed evenly. For example, in the first stages of speech development, special attention is paid to listening. However, the main logical task here falls on the ability to hear high sounds. Children are able to recognize changes in pitch in accordance with the emotional nature of speech (they cry in response to a challenge and smile in response to a kind and gentle attitude) and timbre (they recognize their mother and other loved ones by their voices), and also correctly perceive the rhythmic pattern of a word, that is, its dialectal-syllabic composition (the features of the sound structure depending on the number of syllables in a word and the place of

the main stress) together with the pace of speech.

In the future, the development of phonemic hearing, that is, the ability to clearly distinguish one sound from another and, as a result, to recognize and understand certain words, plays an important role.

A well-developed ability to listen to speech ensures the clear and correct pronunciation of all sounds of the native language, allows you to correctly control its volume when pronouncing a word and pronounce it at a fast pace, expressively in tone.

The development of the ability to listen to speech is inextricably linked with the development of the articulation apparatus.

The development of the ability to listen to speech is aimed at forming in children the ability to perceive various manifestations of speech intonation, that is, to pronounce sounds correctly, pronounce words clearly and intelligibly, lower or increase the volume, the volume, speed, intonation of speech, its acceleration and deceleration, timbre processing (requests, commands, etc.).

2. Development of the articulation apparatus

Speech sounds are formed in the oral cavity, the shape and size of which depend on the position of the mobile organs: lips, tongue, lower jaw, soft palate, esophagus. The correct position and movement of the speech organs necessary for the pronunciation of a particular sound is called articulation.

Defects in the structure of the articulation apparatus, for example, a short hyoid bone, an incorrect bite, an excessively high or low roof of the mouth, and some other defects, are the initial factors leading to the habit of pronouncing sounds incorrectly. However, if the child's articulation organs are mobile and he has good hearing, then in most cases he himself is able to eliminate the defects in sound pronunciation.

If there are defects in the child's articulation apparatus (for example, the tongue moves little), then this can lead to incorrect pronunciation of sounds, slow, unclear and incomprehensible speech.

Therefore, the tasks of a speech therapist are: to develop the mobility of the tongue; to develop

sufficient mobility of the lips; to learn to hold the lower jaw in a certain position that is important for pronouncing sounds.

3. Work on the development of speech breathing.

The source of sound formation is the flow of air from the lungs through the larynx, pharynx, oral cavity or nose. Speech breathing is considered voluntary breathing, in contrast to spontaneous non-speech breathing. In non-speech breathing, inhalation and exhalation are carried out through the nose, and inhalation is almost equal in duration to exhalation.

Speech breathing is carried out through the mouth, inhalation is rapid, and exhalation is slower. In non-speech breathing, the breath is exhaled immediately after inhalation, then a pause is maintained. In speech breathing, a pause is maintained after inhalation, then a slow exhalation is performed.

Correct speech breathing ensures the formation of the correct sound, creates the necessary conditions for maintaining the appropriate pitch of speech, precise observance of pauses, and maintaining the slowness and intonational expressiveness of speech.

Errors in speech breathing can be a consequence of general weakness, adenoid tumors, and various cardiovascular diseases. Also, speech breathing disorders, such as the inability to rationally use exhalation, speaking while breathing, and not filling the lungs with enough air, which negatively affect the development of preschool children, may also occur as a result of improper upbringing and insufficient attention to children's speech by adults.

Preschool children with weak inhalation and exhalation usually speak in a low voice and have difficulty pronouncing long phrases. When air is used irrationally during exhalation, the coherence of speech is disrupted, because children are forced to breathe in the middle of a phrase.

Often, such children do not say words to the end, and sometimes whisper them at the end of a phrase. Sometimes children are forced to breathe in to finish a long phrase, as a result of which speech becomes unclear, children speak as if they are choked. Because accelerated

exhalation forces you to speak phrases at a rapid pace without observing logical pauses.

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