



Improving correctional technology for deaf and hard of hearing children

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ABSTRACT

Working with deaf and hard of hearing children is a daunting task. Including working with these children will require a great deal of knowledge and skill. In this article, the author describes in detail how to deal with deaf and hard of hearing children and how to conduct additional classes.

Keywords:

Deaf, Defectologist, listening disabilities, hearing loss, illnesses, treatment and etc.

According to defectologists, the level of development of children with hearing impairments depends on the stage of the child's life and the severity of the defect. In deaf pedagogy, children with hearing impairments are studied in groups of children who are deaf, hard of hearing, and later deaf. Deafness in both ears is a common cause of deafness in infancy. Children with speech impairments as a result of partial hearing impairment are included in the group of hearing-impaired children. Children who become deaf after speech develops and develop are later included in the group of those who become hearing impaired. Although this condition can be caused by speech impediments, hearing loss can cause hearing loss.

Permanent hearing loss can be congenital or acquired. 25-30% of deaf children are born with hearing loss. This is due to: various diseases of the mother during pregnancy, such as influenza, parental alcoholism, unintentional use of drugs (especially drugs such as streptomycin, quinine, etc.) by the mother during pregnancy, fetal injury; heredity, genetic factors (presence of pathological changes in the structure of the ear, for example, atresia of the auditory canal).

Acquired hearing defects can be caused by defects in the structure of the ear or hearing analyzer. This can be caused by changes in the central nervous system, conduction pathways, or the ear itself. Early childhood illnesses such as otitis, mumps, meningitis, meningoencephalitis, measles, rubella, and influenza can sometimes lead to deafness or hearing loss of varying degrees. Extensive research on environmental issues is also important in the prevention of hearing loss. Various toxic chemicals have a strong effect on the auditory analyzer, especially in the conductive nerves of the analyzer, resulting in the child becoming deaf.

Children with hearing impairments fall into the category of anomalous children, as this impairment has a negative impact on the child's overall development, maturity, and mastery of program materials. Children with hearing impairments need to be educated and brought up in special conditions. Mild levels of hearing impairment also affect a child's overall development, leading to a number of specific difficulties in mastering kindergarten and school programs. After hearing development in young children, for example, even when he disappears at the age of two, as a result of

deafness, the child does not hear the speech of others and even gradually forgets what he knows, and the deafness in the child is combined with deafness and he becomes deaf and dumb. If the child is not treated in time, he or she may develop symptoms of dementia. However, special, corrective conditions, which compensate for the defect and activate the control processes, eliminate the defects in the child and ensure their mental development, as well as general and intellectual development.

The preschool and boarding school for children with hearing impairments have all the necessary facilities. Educators and teachers in special institutions should help such children to receive a proper education. As mentioned above, in deaf pedagogy, hearing-impaired children include deaf, congenital, and later hearing-impaired children. Hearing-impaired children, in turn, are divided into children with mild, moderate, and severe hearing impairments, depending on the severity of the hearing impairment. Children with mild hearing impairment can hear spoken speech at a distance of 6-8 m without making a sound, and whispered speech at a distance of 3-6 m from the suprascapular. Children with moderate hearing loss can hear a spoken word from a distance of 4-6 m, and a silent whisper from a distance of 1-3 m. With severe hearing impairment, the child hears a moderately spoken speech at a distance of 2 m from the suprascapular and 0.5 m from the whisper.

As a result of hearing loss, a child's speech has a number of shortcomings: poor vocabulary, underdeveloped grammatical component - omission of words in the sentence, misuse of words, their interaction inability to connect, not to use conjunctions, word-forming, word-changing suffixes; mispronunciation of sounds - confusing, dropping, etc. of similar, unvoiced consonants. Behind the ignorance of the causes of speech defects in the child, some educators and teachers mistakenly treat the child as lazy, irresponsible, bully, as a result of which the child becomes capricious, crying, irritable, speechless remain, i.e. There are secondary mental changes in it. Children with mild hearing impairments can be educated in public preschools and schools along with their

healthy peers. But they need to be treated in a special way, in a way that is comfortable for them. In the system of continuing education in Uzbekistan, there are special groups for children with hearing impairments in preschools, schools and vocational colleges. Boarding schools for this category of children have a preschool department and a general education department. Education in these institutions is based on the state requirements and programs of general education for 9 years.

Deaf educators are making great strides in working with children with hearing impairments. After receiving education in special evening schools, this category of anomalous children successfully graduates from universities and works together with everyone in various enterprises of the country. So it is possible to eliminate hearing loss, to fully compensate. The main task of educators and teachers is to separate healthy children from hearing-impaired children and provide them with a special approach, if necessary, to ensure that they are "educated in special institutions or involved in integrated education. In special institutions. A student who feels that he or she is unable to express himself or herself orally should be able to express himself or herself in writing. is increased.

In deaf and hard of hearing students in the lessons and classes on the formation of spoken (oral, written) speech on the basis of exercises in a certain system are organized teacher and student activities, all types of didactic tools are required to adapt to the speech process. In order to ensure the practical acquisition of speech materials, situations that require a special problem speech (speaking, writing, explanation) are planned in advance. In this case, the speech materials are predetermined in the curriculum and planning of the subject, that is, the correctional and pedagogical process is carried out on the basis of a certain system. Speech materials for each lesson are selected in strict accordance with the principles of the correctional-communicative system (appropriate to the ability of students to hear, pronounce, clear pronunciation and audible range, from simple to complex, from different to similar) and prepared. Nurturing

the need for conversational speech begins in the family, that is, the speaking skills and abilities acquired at school are strengthened in the natural environment of the family, and a wide range of conditions are created for students to apply them in practice (freely, without fear, without shame). This condition is created with the participation of family members. Their wide communication and warm relationship with a deaf child is one of the factors that directly affect the child's subsequent education and destiny in general. Due to the fact that the ability of deaf and hard of hearing children to receive and transmit speech information depends on the optimal use of the remnants of hearing (in any degree of deafness it is a certain amount), education in special institutions is based on sound equipment. required to go. Classes are specially equipped. In other words, the formation of the material and technical base of the boarding school in accordance with the direction will increase the effectiveness of the content of education.

A deaf and hard of hearing child acquires his / her mother tongue on the basis of a special approach based on the laws and characteristics of the language, adapted to the child's mental and verbal abilities, based on corrective-communicative principles and taking into account local conditions. In the implementation of the educational process in special boarding schools, in particular in the teaching of the mother tongue, students are taught the correct and fluent expression of ideas in oral and written forms in accordance with the conditions of speech. The use of 'rinli is important. In deaf and hard of hearing students, it is important to approach speech (oral, written) as a social need for speech formation. The realization of this is determined by the adaptation of these children to society, their understanding of existence and the extent to which they are understood and accepted by those around them. As a full member of society, a deaf and hard of hearing child is normally developed in all political, economic, cultural and other social relations, along with healthy peers, fluent, free, productive and for all in their mother tongue. zi) are proving in practice that they can communicate in an understandable way. The development of

students' ability to receive and transmit spoken information, speaking in their native language as healthy peers, and the formation of an exchange of ideas are being improved through a single system of learning and correction.

The curriculum for schools for deaf and hard of hearing children includes the formation and strengthening of "lip reading" skills. All special boarding schools for children with hearing impairments are equipped with sound equipment, their rooms are equipped with special soundproof coatings, and conditions are created for targeted health measures. At present, in deaf pedagogy, the issues of early enrollment, development, correction and compensation of deaf and hard of hearing children are relevant. The Republican Center for Social Adaptation, the Avloni Institute of Social Protection and the RTM are working hard to develop guidelines for this.

The communication needs of the deaf in jails and prisons are frequently confusing to correctional officers, sheriff's deputies and facility administrators. Deaf inmates have constitutional and statutory rights to equal access to services, including communication. Unfortunately, deaf individuals in correctional facilities are sometimes being denied access to the telephone network. When communication services are available to hearing inmates, but the correctional facility fails to provide the accommodations necessary to make the same services available to deaf individuals, the facility becomes liable for failing to provide equal access. This right to equal access is backed by numerous laws enacted by Congress over the past half century that are specifically designed to ensure disabled individuals have access to the communication services, programs, activities, public facilities and other resources available to the general population.

Children need language from birth. Deaf infants should have access to sign language from birth or as young as possible, with research showing that the critical period of language acquisition applies to sign language too. Sign languages are fully accessible to deaf children as they are visual, rather than aural, languages. Sign languages are natural languages with the same linguistic status as spoken languages. Like

other languages, sign languages are much harder to learn when the child is past the critical age of development for language acquisition. Studies have found that children who learned sign language from birth understand much more than children who start learning sign language at an older age. Also, studies indicate that the younger a child is when learning sign language, the better their language outcomes are. There is a wide range of ages at which deaf children exposed to a sign language and begin their acquisition process. Approximately 5% of deaf children acquire a sign language from birth from their deaf parents. Deaf children with hearing parents often have a delayed process of sign language acquisition, beginning at the time when the parents start learning a sign language or when the child attends a signing program. Sign languages have natural prosodic patterns, and infants are sensitive to these prosodic boundaries even if they have no specific experience with sign languages. Six-month-old hearing infants with no sign experience also preferentially attend to sign language stimuli over complex gesture, indicating that they are perceiving sign language as meaningful linguistic input. Since infants attend to spoken and signed language in a similar manner, several researchers have concluded that much of language acquisition is universal, not tied to the modality of the language, and that sign languages are acquired and processed very similarly to spoken languages, given adequate exposure. These babies acquire sign language from birth and their language acquisition progresses through predictable developmental milestones. Babies acquiring a sign language produce manual babbling (akin to vocal babbling), produce their first sign, and produce their first two-word sentences on the same timeline as hearing children acquiring spoken language. At the same time, researchers point out that there are many unknowns in terms of how a visual language might be processed differently than a spoken language, particularly given the unusual path of language transmission for most deaf infants.

Auditory training presents listeners with various sounds, such as syllables, words, or phrases. The listeners are then taught ways to

recognize and distinguish these different sounds from one another. Lip reading. Using lip reading, someone with hearing loss can watch the movements of a person's lips as they speak. Hearing loss in children can lead to speech production problems, but adults often have a distinct set of issues regarding speech and hearing loss. Hearing loss can affect speech in adults, but not in the way you might think. Adult hearing loss primarily affects speech perception rather than speech production. There are profoundly more possibilities. Today, children who are deaf or hard of hearing can learn to listen and talk. They can achieve learning and literacy outcomes on par with their hearing friends. Yet many of the families who receive this diagnosis are unaware of what's possible for their child.

We have a better understanding of how hearing happens. Science has shown that we actually hear with our brains, not our ears. Think of the ear as a doorway for sound to get to the brain, which turns those sounds into meaning. We now think about hearing loss as a doorway problem and technology as the means of reopening the doorway to feed auditory information to the brain. Babies with hearing loss have many options today. For most, even those with profound hearing loss, there is a hearing device that can offer the brain access to all the sounds of speech. The right device (be it a hearing aid, a cochlear implant, an assistive listening device, etc.) can provide access to all the sounds of speech the brain needs for language and literacy development. Listening and spoken language (LSL) is a communication approach that involves a child with hearing loss developing listening and spoken language skills just like their hearing friends. There are trained LSL professionals who can help your family implement this approach. New brain development learning has revealed that early intervention is mission-critical. It's news to most parents that children who are born deaf or hard of hearing can learn to listen and talk. When parents are made aware of this possibility, about 85-90% of them are choosing listening and spoken language as their child's communication option.

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