



LOGOPAEDIC ASPECTS OF THE SOCIALIZATION OF CHILDREN AND PUPILS WITH SPECIAL EDUCATIONAL NEEDS

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Both in adults and children in the process of learning and mastering are exhibited the three functions of speech: communicative, cognitive and regulation. Children with intellectual disability are no exception in respect of the periods of speech development. The difference is in the length of these periods, ie in the slow pace of acquiring speech. The proposed research attempts to identify the structure of communication disorders in students with special educational needs (diagnosed as "mildly mentally retarded ") that are on resource support and integrate into mainstream schools.

Formulation of the problem

A six or seven year old child in psychophysical norm has a large vocabulary and his expressive speech has almost correct grammatical form and articulation deviations in pronunciation are relatively rare exceptions. Children with mental retardation significantly later develop phonematic hearing and pronouncing words and phrases. Speech is poor and irregular. The prosody often suffers.

The main factors which determinate this condition of speech are weak connective function of the cortex, the slow development of new differentiation to all analysts, and sometimes primarily in one of them. The underdevelopment of speech may be conditioned mainly by slowly emerging and unsustainable differentiated contingent connections in the auditory analyzer. Therefore the child does not differentiate the sounds of speech of others for a long time, does not absorb new words and phrases. It's not deaf, it hears every quiet rustle or isolated sound uttered by the parents, but the sounds of associated colloquial speech are considered monolithic.

The earliest in the ontogenetic development of man is the communicative function of speech. The need for communication arises in infancy. In the beginning the child realizes this need by simple linguistic units, individual words, devoid of grammatical form. Imitating adults it intuitively connects words, makes phrases, builds sentences and often creates new words. In the process of direct communication with adults through speech activity the child adopts the language.

Along with the communicative function, speech has other functions - cognitive. As absorbing new words and grammatical forms of verbal communication, the child expands and enriches its own perceptions, ideas, and all cognitive processes. So it develops its thinking. It is important to note that the development of speech is not identical to the development of thinking, but speech has a positive impact on the development of thinking.

Together with the development of communicative and cognitive functions develops the regulatory function, ie speech regulates behavior. In the first years of his life in the process of communicating with adults through speech child understands and recognizes some rules (borders) of behavior. These functions also apply to the speech of the child with mental retardation and occur during periods of speech development. Of course they have their specific features.

The characteristics of speech can generally be grouped into two aspects: 1) the content side, ie its role in the implementation of mental acts and behavior of the individual, and 2) - utilized communicative and physical stereotype.

There are significant differences between normal children and children with mental retardation in terms of periodization and in terms of the content side of the speech and its physical exhibition:

- Children with mental deficiency relatively harder differentiate similar sounding consonants, they are late in the pronunciation of the first syllable and words. In some of them this happens in the third and fourth year;
- Children with learning difficulties often have difficulties in articulation;
- They absorb the grammatical structure and semantics later;
- Children with mental deficiency have difficulties in learning and exhibit incompetence in the use of adjectives.

There are difficulties that arise in children with learning difficulties when they need to navigate in a concrete situation. Complex analytical work that needs to be carried out is often beyond their means.

The vocabulary of students with mild mental retardation in primary school is significantly poorer than the vocabulary of their peers in psychophysical norm. Differences in the volume of passive and active vocabulary exist for children in the norm. But in children with mental retardation deviations are very large. Children rarely use adjectives, verbs and alliances. Even this vocabulary that is already utilized by the mentally retarded student remains unutilized for a long time because the implied meaning of the used words does not conform to their generally accepted meaning. Grammar in speech is highly imperfect. There are distortions in the coordination of sentences. Elements of the phrase are missing. Under the influence of specific training in individual programs by MDE, the speech of children with mild mental retardation begins to successfully develop. Vocabulary increases, pronunciation improves, vocabulary is enriched, the grammar structure of speech becomes more complex, the motivation for verbal communication increases.

Structure of the research program

The deficiency of data on the prevalence and structure of language - speech disorders of children with special educational needs (diagnosed with "mild mental retardation") of primary school age (8-12) motivates the planning and implementation of this pilot study. In accordance with the analysis and conclusions

of the research literature on the problem, the working hypothesis is following: *language - speech disorders are prevalent among the majority of pupils with special educational needs (diagnosed with "mild mental retardation") of primary school age (8-12 years). Predominating are misarticulating and disorders of written communication.*

The aim of the study is to determine the distribution and structure of language - speech disorders among students with special educational needs (diagnosed with "mild mental retardation") of primary school age (8-12 years), which in practical terms would contribute to establishing appropriate methodologies for pedagogical intervention and socialization of children of this contingent.

From the above hypothesis and purpose arise the following specific tasks:

1. To examine and analyze the literature on the problem of the distribution and structure of language - speech disorders among students of primary school age in a special school.
2. To explore a pilot sample with a limited amount of students from 1st to 4th grade with special educational needs (diagnosed with "mild mental retardation") of primary school age (8-12 years) and to identify those with disorders in oral and written communication, grouped by gender, age and typology of language - speech disorders.
3. To establish the relative shares of the language - speech disorders - articulation, language, prosodic, voice disorders, written communication disorders and their substructures.

Research methods are classified into three main groups. The first group includes a study of literature and research on the problem and study of personal school records of students in the research contingent. The second group includes methods for field collection of empirical data. The third group includes methods for statistical processing and data analysis.

For all surveyed students tasks are similar and consistent with the educational content in the learning class, their diagnosis and their individual programs. Provided are equal starting conditions for the tasks. Implementation of speech tasks is recorded electronically, then the record is decrypted in text, avoiding editing. Then is held an analysis, statistical processing and summarizing the results. The final data are presented in tables and graphs.

The empirical study itself is held in two stages. In the first phase all children of the selected classes are being studied. Children who have language - speech disorders are retested by the same methodology for specifying and differential diagnosis of the problems of oral and written communication. For the study of the speech - language status and establishment of language-speech disorders for each student a protocol is filled.

Object of the study were students of 2nd, 3rd and 4th grade with special educational needs (diagnosed with " mild mental retardation") integrated into mainstream schools.

CONCLUSIONS

1. With advancing age the number of children with speech - language disorders decreases, even though this happens slowly.

2. The proportion of boys with language - speech disorders is higher in comparison with the proportion of girls.

3. Misarticulating, alalia-dyslalia and the disturbances in written communication are the most common among students from 8 to 13 years, Contingent of a Boarding School.

4. Misarticulating of more than one sound is prevalent.

5. Speak statements with spasms increase with age, but without increasing the proportion of stuttering.

6. Students with stuttering have less trouble mastering the material than their classmates with dyslalia, dyslexia, dysgraphia, dysarthria etc. They recorded a relatively small number dysgraphia errors.

7. Different types of writing - dictation, transcription and own text - are closely related, as are their disorders.

8. There is a trend of increasing dysgraphia errors with advancing of age, however, the proportion of children with dysgraphia does not rise or fall.

9. All studied children diagnosed with dyslexia have also dysgraphia problems.

10. Articulation disorders, alalia – dyslalia and disorders of written communication are

interrelated. Children with dyslalia have problems with articulation of sounds, in the problem is no longer just a language problem or speech problem but a language-speech problem. A consequence of this problem is the high percentage of dysgraphia and dyslexia.

The aim of the study was to clarify the problem of speech therapy aspects of the integration of children with special educational needs, particularly of the distribution and structure of language - speech disorders in children with special educational needs (diagnosed with " mild mental retardation ") in school age who are integrated into mainstream schools. The results obtained will contribute to the creation of appropriate methodologies for training and socialization of children of this contingent. The results proved the working hypothesis.

The problem of the structure of language - speech disorders of pupils with special educational needs is essential for speech therapy theory and practice. No less important it is for elementary teachers in the school, resource teachers, psychologists and other specialists in inclusive education. Knowing the symptoms and characteristic structure of language - speech disorders by primary teachers and the timely measures taken by parents are two factors for learning in school and further realization and socialization of the child.

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