

# THE FEASIBILITY OF THE TASKS OF THE EDUCATIONAL AREA OF "PHYSICAL CULTURE" FOR THE CORRECTION OF SPEECH OF CHILDREN WITH SERIOUS SPEECH DISORDERS IN TERMS OF INCLUSIVE EARLY CHILDHOOD EDUCATION

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**Annotation.** The materials presented some aspects of the interaction of professionals involved with training with special needs in terms of inclusive pre-school integration, namely the interaction of speech therapy teacher and instructor of physical culture in the process of implementation of "Physical education" problems of the educational field with a view to correcting speech preschool children with severe speech disorders.

**Keywords:** inclusion, early childhood education, physical education, severe speech disorders, speech correction.

In accordance with modern trends and directions of development of pedagogical science and education practice in the Republic of Belarus, increasingly more the idea of expanding the educational space, including all children, outside Depending on their capacity, capabilities, cultural and social status. In this connection, the education system is designed to create the necessary conditions to meet the educational needs of all students in the framework of inclusion.

One of the basic fundamental principles of inclusive education, as reflected in the "concept of the development of inclusive education of persons with special needs in their psychological and physical development in the Republic of Belarus" is the principle of comprehensiveness, involve changes throughout the complex relationships in the establishment of education and coordinated activities of specialists [2].

Children with special needs can reach their full potential only if adequately organized process of upbringing and education, address both common with normally developing children, and special educational needs, given the nature of the violation of their mental development (Malofeev n.n., Kukushkina o.i., Goncharova e. l., A.m. Zmushko, etc.).

An integrated approach to dealing with speech disorders in preschool children is the basis for interdisciplinary interaction specialists providing system support for children in this category. This interaction includes the complexity in identifying and solving the problems of the child, provided that he is skilled expertise, since speech violations related to a number of reasons, both as a biological psychological and social nature. In this case, identifying existing meeting points of different areas, each expert carries out its direction is not isolation but complementing and enhancing the influence of the other. Taking into account individual peculiarities of every child with speech disorders, experts plan a work.

Within the framework of interaction between different professionals great potential for correction of both General and speech development in preschool

children with serious speech disorders (SSD) is the instructor of physical culture in achieving the objectives of relevant educational area.

The literature indicates that many children with serious speech disorders deviations in a State of total motility, there are also features of its development. (Volkov, a., Zhukova m. s., Mastjukova e. m., etc.). Children with serious speech disorders along with General somatic weakened and slowed down the development of locomotor functions inherent in underdevelopment and the motor sphere. This fact is confirmed by the analysis of anamnestic information. A large part of children motor failure is expressed as poor coordination of complex movements, of insecurity in reproducing precisely metered movements, reducing the speed and agility of their execution. The greatest difficulties cause movements of verbal and, especially, multi-stage instructions.

Children with SSD lags behind the normal developing peers in the exact replay of motor tasks on spatio-temporal parameters, violate the sequence of elements actions, down to its constituent parts. For example, they are difficult movements such as roll the ball with hands on hand, transferring it from a short distance, hitting the floor with alternating alternating, jumping on the right and left leg, rhythmic movement to music. Typical is insufficient self-control when performing tasks.

Instructor of physical education at my lessons with children, including the SSD, solves problems of general physical development, health promotion, and the development of motor abilities and skills that contributes to psychomotor functions. The classes include physical exercises designed to develop all the basic movements (walking, running, jumping, climbing, crawling, and throwing), as well as general health-improving exercises to strengthen back muscles, shoulder and legs, coordination movements, formation of correct posture, equilibrium development.

The main directions of the instructor in physical culture are:

- correction of common motor development;
- the development of fine motor coordination;
- normalization of muscle tone;
- development of static endurance;
- streamlining the tempo of movement;
- synchronizing the interaction between movement and speech;
- remembering the execution sequence of action, raising speed of reaction to verbal instructions;
- the development of physical abilities and qualities: agility, speed, balance, measurement.

All these areas contain great potential to address corrective tasks. Physical education classes with respect to children with SSD is important to pay great attention to the staging of the diaphragmatic breathing and speech; formation and improve the coordination of basic types of movements, hand motorics, articulatory motor skills; enrich vocabulary, reinforce Lexico-grammatical means of language by specially selected outdoor games and exercises tailored to study lexical topics;

development of auditory, Visual, spatial perception; tempo, rhythm and intonation of speech expressiveness; formation of positive personal qualities of the child.

In the process of implementing the tasks of the educational area of "physical culture teacher tasks verbal action and regulation functions active attention by performing tasks on the model of the motions, Visual display, verbal instructions, development of spatio-temporal organization of the movement.

The rhythm of speech, especially verses, sayings, proverbs, used in the classroom for physical education contributes to the development of overall coordination and fine motor skills of arbitrary. The movement becomes more smooth, expressive, rhythmic. Using the poetic speech produced correct speech tempo, rhythm, breathing, evolving voice hearing, voice memory; the verse form is always attracts children its liveliness, emotionality, without special installations by customizing the children at play [1].

Children with SSD, learning to manage individual movements get self-confidence, and this belief contributed to the success of the work on the development of common and articulatory motor skills. Poetic texts normalize paced speech of children, which affects the formation of the syllabic structure of the word. Kids clinging sounds, words, monitoring their own speech. During such sports activities strengthened child apparatus made develops phonemic hearing.

In the classroom you can make extensive use of innovative equipment and benefits obtained from improvised means, waste material (plastic bottles, cans, etc.): "Path of health", "snake-shagajka", "Pigtails", "throwing" bags " Traces of correction ", " Colored "wedges, and more. When selecting material to engage, you must know the level of development of motor skills, especially speech development, emotional condition of the child with the SSD, health [3].

Thus, there is an obvious need for and possibility of realization on physical education classes both General and corrective tasks that is achieved through the interaction of teachers-speech therapy and instructor of physical culture and is an important factor in the remedies for speech and motor deficiencies in preschool children with THP. The close relationship these professionals is possible subject to joint work planning, correct and clear distribution of tasks, each participant of the educational process, continuity and unity of requirements for children with SSD.

### **List of literature**

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