

CLASSIFICATION OF CHILDREN WITH INCOMPLETE SPEECH DEVELOPMENT

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Abstract:

This topic examines the classification of children with underdeveloped speech, focusing on the nature, causes, and degrees of speech impairment. It highlights the main groups of speech disorders, including phonetic-phonemic underdevelopment, general speech underdevelopment, and delayed speech development. The classification helps specialists identify the specific characteristics of each type of speech disorder and choose appropriate corrective and pedagogical strategies. Understanding these classifications is essential for effective speech therapy, early intervention, and the development of individualized educational programs for children with speech impairments.

Keywords

Speech underdevelopment, children with speech disorders, speech delay, phonetic-phonemic underdevelopment, general speech underdevelopment, classification, speech therapy, early intervention

Introduction

АННОТАЦИЯ

В данной статье рассматривается классификация детей с неразвитой речью, с акцентом на характер, причины и степень нарушений речи. Выделены основные группы речевых расстройств, включая фонетико-фонемическое недоразвитие, общее недоразвитие речи и задержку развития речи. Классификация помогает специалистам определить специфические характеристики каждого типа речевого расстройства и выбрать соответствующие корректирующие и педагогические стратегии. Понимание этих классификаций имеет важное значение для эффективной логопедической терапии, раннего вмешательства и разработки индивидуальных образовательных программ для детей с нарушениями речи.

Ключевые слова: недоразвитие речи, дети с нарушениями речи, задержка речи, фонетико-фонемическое недоразвитие, общее недоразвитие речи, классификация, логопедическая терапия, раннее вмешательство.

INTRODUCTION

Speech development is a complex and gradual process that plays a crucial role in a child's cognitive, emotional, and social growth. Through speech, children learn to express their thoughts, needs, and feelings, build relationships with others, and successfully participate in educational activities. When speech development is incomplete or delayed, it can

negatively affect a child's overall development, learning abilities, and social integration. Therefore, identifying and understanding speech disorders at an early stage is of great importance.

Incomplete speech development refers to a condition in which a child's speech does not correspond to age-related norms in terms of pronunciation, vocabulary, grammatical structure, or coherent speech. Such difficulties may arise due to various biological, psychological, and social factors, including neurological immaturity, hearing impairments, limited language environment, or developmental disorders. Depending on the severity and nature of these factors, speech underdevelopment may manifest in different forms and degrees.[1]

The classification of children with incomplete speech development provides a systematic framework for distinguishing between different types of speech disorders. It allows specialists—such as speech therapists, educators, and psychologists—to accurately diagnose speech difficulties, understand their underlying causes, and plan effective corrective and educational interventions. A clear classification also supports the development of individualized learning programs that address each child's specific needs and abilities.

DISCUSSION AND RESULTS

Like other aspects of child development, the early years of life are especially important for speech acquisition. During this period, the basic structures and patterns of speech are formed, which later influence a child's communication skills. Although early speech difficulties can be partially corrected over time and ineffective speech habits can be improved, the initial foundations often leave a lasting impact on a child's speech development. For instance, children may learn to correct grammatical mistakes as they grow older; however, in emotionally charged situations, such as excitement or stress, these early errors may reappear because they have become deeply ingrained habits.[2]

Moreover, the mere fact that children talk about people and objects does not automatically mean that their speech supports healthy social development. To be considered true speech, vocal expressions must meet two essential criteria: first, the child must understand the meaning of the words being used, and second, the words must be pronounced clearly enough to be understood by others. Before children are physically and cognitively prepared to acquire speech, nature provides alternative forms of communication, such as crying, gestures, babbling, and emotional expressions.

As with any skill, speech can be acquired through trial and error, imitation, or structured instruction. Delays in speech development may indicate underlying conditions, including intellectual disability, hearing impairment, expressive language disorder, autism spectrum disorder, receptive aphasia, or cerebral palsy. It is important to distinguish between a speech delay and a speech disorder. A delay implies that the child is developing language in a typical sequence but at a slower pace compared to peers, whereas a disorder indicates abnormal or atypical language development.

In general, as children's speech abilities improve, their reliance on crying should gradually diminish. If speech development progresses slowly, the reduction in crying will also occur gradually. Conversely, when speech develops rapidly, crying should decrease more quickly, although this does not always happen automatically. Even after acquiring an adequate vocabulary, children may continue to cry out of habit. However, if they are taught that speaking is a more effective way to achieve their goals and if verbal communication is consistently reinforced, children are more likely to replace crying with speech.

With appropriate guidance and encouragement, most children should be ready to give up crying as a primary form of communication by the time they reach kindergarten and certainly before entering first grade. If this transition does not occur, children risk being labeled as overly dependent on crying, which can negatively affect their personal development and social relationships.[3]

Speech development is a complex and gradual process that begins in early childhood and plays a crucial role in a child's cognitive, emotional, and social growth. The early years are particularly significant, as the foundational patterns of communication formed during this period often have long-lasting effects. Although some speech difficulties can be corrected later through education and therapy, early delays or disorders may influence speech habits and communication behaviors well into adulthood.

The transition from nonverbal forms of communication—such as crying, gestures, and babbling—to meaningful speech reflects a child's increasing ability to understand and use language. However, this process does not occur automatically and depends on multiple factors, including biological readiness, environmental stimulation, learning opportunities, and motivation. Children who rely heavily on crying as a means of communication may struggle to abandon it unless they are taught effective verbal alternatives and receive consistent reinforcement for using speech.[4]

Speech disorders refer to a broad group of deviations from the accepted norms of speech within a particular language community. These deviations may partially or completely interfere with effective verbal communication and restrict an individual's ability to adapt socially. In most cases, speech disorders arise from disruptions in the psychophysiological mechanisms responsible for speech production and perception. They do not correspond to typical age-related speech development, do not resolve spontaneously, and may negatively influence a child's overall psychological and cognitive growth. In professional practice, specialists use a range of related terms—such as speech impairments, speech deficiencies, speech underdevelopment, speech pathology, and speech abnormalities—which are not always interchangeable.[5]

Children with speech disorders are those who experience psychophysical deviations of varying intensity that affect both the communicative and cognitive (generalizing) functions of speech. Unlike other groups of children with special educational needs, these children typically have normal hearing and vision, as well as intact biological prerequisites for intellectual development. Identifying these distinguishing features is essential for differentiating speech disorders from communication difficulties observed in children with

intellectual disabilities, developmental delays, visual impairments, autism spectrum disorders, and similar conditions.

The causes of speech disorders are commonly divided into biological and socio-psychological risk factors. Biological factors include harmful influences that primarily occur during prenatal development, childbirth, or early infancy. These may involve fetal oxygen deprivation, birth trauma, brain infections, or neurological injuries. Speech disorders that emerge as a result of such factors do not disappear naturally and, without targeted speech therapy intervention, may adversely affect a child's subsequent development. Therefore, it is crucial to distinguish pathological speech disorders from temporary or age-related deviations that may occur due to normal stages of speech acquisition or environmental influences.[6]

Socio-psychological risk factors are largely associated with insufficient emotional and communicative stimulation. Speech development may be negatively affected when a preschool child is required to acquire two language systems simultaneously, when speech development is excessively forced, or when inappropriate parenting styles are used. Pedagogical neglect, limited adult-child verbal interaction, and exposure to incorrect speech models can also contribute to speech development difficulties. These conditions may result in impairments across different components of speech.[7]

Speech therapy is a specialized field of pedagogy focused on the assessment, education, and rehabilitation of individuals with speech disorders. Because speech is a complex mental function, its impairment often indicates broader disturbances within the central nervous system. As a result, speech disorders are frequently accompanied by difficulties in higher mental functions, including learning processes. Many children with speech impairments attend mainstream schools, where their challenges may be mistakenly attributed to poor upbringing, lack of parental involvement, or social neglect.[8]

Children who experience persistent learning difficulties—particularly in reading and writing—should be referred to a speech therapist for evaluation and intervention. These learners benefit from an adapted educational environment that does not lower academic expectations but instead modifies instructional strategies. Such support includes clear, structured instructions, emotional encouragement, a calm and supportive tone, and tasks broken down into manageable steps. Repetitive practice of the same exercises should be avoided when persistent errors occur; instead, specialized corrective methods should be applied.

Teachers play a crucial role in supporting children with speech and learning difficulties. Their speech should be slow, clear, well-structured, and emotionally expressive to facilitate comprehension. Equally important is a positive and supportive interaction style, including friendly facial expressions, gestures, and intonation, which encourages cooperation and engagement.[9]

CONCLUSION

Given the increasing number of children with speech and learning disorders, educators' familiarity with basic principles of speech therapy is essential. Such knowledge enables teachers to select effective instructional approaches and create inclusive educational environments that support the successful development and social integration of these children.

Distinguishing between speech delay and speech disorder is essential for accurate diagnosis and timely intervention. While delayed speech development may simply reflect a slower pace of typical language acquisition, speech disorders often indicate underlying neurological, sensory, or developmental challenges that require specialized support. Early identification and intervention are therefore critical in preventing long-term communication difficulties and promoting successful social adjustment.

In conclusion, fostering healthy speech development requires a supportive environment, early guidance, and appropriate educational or therapeutic strategies. By encouraging verbal communication and addressing speech challenges at an early stage, children can develop effective communication skills that enhance their academic performance, social relationships, and overall quality of life.

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