

**TEACHING AND EDUCATING CHILDREN WITH PHONETIC-PHONEMATIC
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Abstract: This paper highlights the issues related to teaching and educating children with phonetic-phonematic speech disorders. It outlines the main characteristics of this speech disorder, pedagogical and speech therapy approaches, methodologies for both individual and group sessions, and the importance of articulation and motor exercises. Additionally, the role of play-based activities, visual aids, and collaboration with parents in developing children's speech activity is discussed. The annotation briefly analyzes effective ways to organize the educational process for such children.

Key words: Phonetic-phonematic disorders, speech therapy, articulation exercises, speech development, inclusive education, visual aids, pedagogical methods, collaboration with parents, group and individual lessons.

Introduction

Speech is one of the essential tools in a child's cognitive and social development. Through speech, children express their thoughts, needs, and emotions. However, in some children, speech development is either incomplete or disrupted. Among these, phonetic-phonematic speech disorders are particularly common. In such cases, children mispronounce sounds, show unclear articulation, and often lack coordination in sequential oral movements. These children require specialized pedagogical and speech therapy support to develop correct speech.

Causes and Characteristics of Phonetic-Phonematic Disorders

Phonetic-phonematic disorders typically result from one or more of the following factors:

Neurological issues (e.g., perinatal brain injuries, congenital neurological conditions)

Structural anomalies of the speech apparatus (e.g., short lingual frenulum, cleft palate, dental defects)

Hearing impairments, affecting the child's ability to distinguish phonemes

Psychological and environmental influences, such as emotional trauma, fear, neglect, or a lack of verbal interaction

Key symptoms include incorrect articulation of phonemes that are otherwise properly heard, substitution or omission of sounds, and disordered movement patterns during speech production.

Common Types of Speech Disorders

Dyslalia – misarticulation of individual sounds

Rhinolalia – resonance issues due to nasal airflow disturbances

Dysarthria – speech impairment due to limited motor control of the articulatory muscles

Underdeveloped phonemic hearing – difficulty in distinguishing similar sounds

Educational and Therapeutic Approaches

1. Diagnosis and Planning

A speech therapist first conducts a detailed assessment to identify specific speech issues. Based on the findings, an individual correctional plan is developed for each child.

2. Articulation and Kinematic Exercises

Exercises target strengthening and coordination of the articulatory organs (tongue, lips, jaw). Examples include:

“The tongue is galloping” (to improve flexibility)

“The hen is pecking grains” (to develop targeted movements)

These exercises should be performed daily and consistently.

3. Correct Formation of Sounds

Speech correction progresses through stages:

- Isolated sound production
- Use in syllables, words, and sentences
- Consolidation in spontaneous speech

Visual aids, musical exercises, and games are used to enhance engagement.

4. Development of Fine and Gross Motor Skills

As speech movement issues are often linked with broader motor difficulties, attention is given to:

Fine motor tasks: stringing beads, modeling clay, puzzles

Gross motor activities: running, dancing, full-body coordination exercises

5. Learning Through Play

Speech therapy games help focus attention, motivate learning, and improve pronunciation. For example:

“Find the Sound”

“Say the Sound in the Word”

Fix the Mistake”

6. Parental Involvement

Active parental support is crucial. Parents are trained to:

- Communicate properly with their child
- Help perform articulation exercises at home
- Reduce screen time and increase interactive verbal play
- Goals of Correctional Education

The main objective is to correct general and speech-specific difficulties by using specialized speech therapy methods to help children:

- Develop vocabulary and coherent speech suitable for their age
- Understand word structure and grammatical forms
- Construct complete and grammatically correct sentences
- Enrich and activate independent speech use
- Speech Therapy Work in the Second Phase

In the second phase of therapy, work focuses on:

- Reinforcing newly acquired sounds
- Enhancing auditory perception

Developing sound analysis and synthesis skills, such as:

- Identifying sound positions in words (initial, medial, final)
- Determining sound quantity and order

- Expanding lexical and grammatical speech components

Conclusion

Working with children who have phonetic-phonematic speech disorders is a complex but essential process. With accurate diagnosis and individualized programs, significant improvements can be achieved. Early detection and consistent intervention by qualified professionals are critical.

Using articulation and motor development exercises, sound correction techniques, and playful learning methods significantly improves speech outcomes. Emotional support and a positive environment, coupled with active parent collaboration, further enhance the effectiveness of these interventions.

Educators and speech therapists must also address the child's psychological and social needs. The ultimate goal is to foster clear, confident, and independent speech and help each child grow into a communicative and socially competent individual.

Properly planned and executed educational and therapeutic work enables these children to regain their speech potential, express themselves freely, and adapt successfully to school and society.

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