

RESEARCH ARTICLE

Interaction Between A Speech Therapist and A Teacher in A Group for Children with Physical Disabilities

Nigora Baxtiyarovna Zairova

Teacher of the Department of Speech Therapy, Nizami National Pedagogical University of Uzbekistan

VOLUME: Vol.06 Issue05 2026

PAGE: 206-210

Copyright © 2026 European International Journal of Pedagogics, this is an open-access article distributed under the terms of the Creative Commons Attribution-Noncommercial-Share Alike 4.0 International License. Licensed under Creative Commons License a Creative Commons Attribution 4.0 International License.

Abstract

This article analyzes one of the key issues in special education: organizing effective interaction between a speech therapist and a caregiver in groups for children with phonetic-speech underdevelopment (PSD). It examines the theoretical foundations of collaboration between specialists, based on the principles of comprehensive and systematic intervention. The roles of each participant in the educational process at various stages are described in detail: from joint diagnosis and planning to the implementation of evening remedial hours. Particular attention is paid to methods for integrating speech therapy tasks into routine activities and general educational activities (walks, games, meals), as well as the role of the caregiver as an active facilitator in the automation of sounds and the development of phonemic perception. The article emphasizes the importance of the "Interconnection Notebook" as a key tool for documenting joint activities.

KEY WORDS

Phonetic-phonemic underdevelopment (PBU), speech therapist, educator, correctional and developmental environment, continuity, sound automation, phonemic perception, routine moments.

INTRODUCTION

Phonetic-phonemic underdevelopment (PPU) is a disorder of the formation of the pronunciation system of the native language in children with various speech impairments caused by defects in the perception and articulation of phonemes. This disorder affects not only the correct pronunciation of individual sounds, but also the child's ability to distinguish, analyze, and reproduce speech sounds accurately. Children with PPU often experience difficulties in phonemic hearing, sound differentiation, syllabic structure, and the development of coherent speech, which may later negatively influence reading and writing skills. Therefore, overcoming this defect requires not isolated corrective sessions, but the creation of a unified correctional and educational environment in which all specialists involved in the child's development work collaboratively and systematically.

The effectiveness of speech therapy intervention largely depends on the coordinated interaction between the speech therapist and the educator. Their cooperation ensures continuous reinforcement of speech skills throughout the child's daily routine, allowing newly acquired pronunciation and language abilities to become stable and automatic. The speech therapist provides targeted corrective work aimed at developing phonemic perception, correcting sound pronunciation, enriching vocabulary, and improving grammatical structures. At the same time, the educator supports and consolidates these skills during educational activities, games, communication, and everyday situations within the preschool environment.

Collaboration between specialists begins from the very first

days of the child's attendance in the group. The educator participates in the diagnostic process, helping to assess not only the child's speech abilities but also general pedagogical characteristics such as interest in learning activities, attention span, perseverance, ability to switch from one task to another, emotional responsiveness, and features of play behavior. Such comprehensive observation allows specialists to better understand the child's individual needs and select the most effective corrective strategies.

The speech therapist familiarizes the educator with the results of the speech assessment of each child, paying special attention to several important aspects. First, the level of sound pronunciation development is analyzed, including which sounds are absent, distorted, substituted, or mixed in speech. Second, attention is given to the state of phonemic perception, since many children with PPU have difficulties distinguishing acoustically similar sounds. Third, specialists evaluate the condition of the syllabic structure of words, because children may omit, rearrange, or simplify syllables when speaking. These difficulties can significantly reduce speech intelligibility and complicate communication with peers and adults.

Based on the obtained diagnostic data, the speech therapist and educator jointly plan educational and corrective activities. Their tasks are coordinated in such a way that the educator's work does not contradict the current stage of speech therapy correction. For example, if a certain sound has not yet been introduced into the child's speech, the educator avoids demanding its active use during lessons or communication. Instead, emphasis is placed on strengthening already mastered speech material and creating favorable conditions for gradual progress.

An important aspect of this cooperation is the integration of speech development tasks into all areas of the child's daily life. During games, artistic activities, walks, storytelling, and classroom instruction, the educator reinforces correct pronunciation patterns, stimulates verbal communication, and encourages children to use newly learned sounds and words in natural situations. Repeated exposure and practice throughout the day significantly increase the effectiveness of corrective work and help children transfer speech skills from structured therapy sessions into spontaneous communication.

Thus, successful correction of phonetic-phonemic underdevelopment is possible only through systematic, purposeful, and coordinated interaction between the speech therapist and the educator. Their joint efforts create a

supportive educational environment that promotes the comprehensive development of the child's speech, cognitive abilities, communication skills, and readiness for further learning.

In preschool groups for children with phonetic-phonemic underdevelopment (PPU), a special daily routine is carefully organized to ensure systematic corrective and educational support. This regime includes a clear distribution of responsibilities between the speech therapist and the educator, allowing both specialists to work in close cooperation throughout the entire day. Such coordination is essential because children with PPU require constant reinforcement of speech skills in different types of activities and communication situations. The corrective process becomes most effective when speech development is integrated into all aspects of the child's daily life rather than being limited only to formal therapy sessions.

The speech therapist plays a leading role in organizing and implementing specialized corrective intervention. One of the primary responsibilities of the speech therapist is conducting frontal, subgroup, and individual sessions aimed at correcting sound pronunciation and establishing proper articulation patterns. During these sessions, the therapist works on the production and initial consolidation of sounds that are absent, distorted, or substituted in the child's speech. The speech therapist also focuses on the development of phonemic processes, including phonemic analysis and synthesis, which are essential for distinguishing speech sounds and understanding the sound structure of words. Another important task is preparing children for literacy acquisition, since difficulties in phonemic perception often become the basis for future problems in reading and writing. In addition to direct work with children, the speech therapist provides ongoing консультации and methodological guidance to the educator, explaining how corrective tasks should be supported and reinforced during everyday activities and classroom interactions.

The educator's responsibilities complement the work of the speech therapist and are aimed primarily at the automation and stabilization of newly acquired speech skills. During routine activities, educational lessons, games, and communication, the educator reinforces the sounds previously introduced by the speech therapist, helping children transfer correct pronunciation into spontaneous speech. The educator also works on developing children's awareness of the

morphological structure of words and improving grammatical correctness in oral speech. Considerable attention is given to the development of both gross and fine motor skills, as well as speech breathing, since motor coordination and respiratory control are closely connected with speech production. Another important responsibility of the educator is conducting a special "speech therapy hour" in the afternoon, during which children complete corrective exercises assigned by the speech therapist.

The main tool for documenting and organizing this collaborative work is the notebook for evening activities conducted by the educator according to the speech therapist's instructions. In this notebook, the speech therapist records the names of children who require individual or small-group practice, as well as a detailed list of exercises and tasks to be completed. These assignments are carefully selected according to the child's current stage of correction and usually include several types of activities. Articulation gymnastics and breathing exercises are used to prepare the articulatory apparatus for the production of new sounds and to strengthen proper speech breathing. Children also repeat syllable chains and words containing target sounds in order to automate correct pronunciation. Special games aimed at developing phonemic hearing are widely used, including activities such as "Catch the Sound" or "Guess Who Is Calling," which help children learn to distinguish and recognize sounds by ear. Additional exercises focus on the development of sound analysis skills, such as identifying the position of a sound within a word or dividing words into syllables.

The educator usually conducts this corrective work during the second half of the day, commonly between 3:30 and 4:30 p.m. After completing the tasks, the educator records the results and observations in the notebook. This documentation allows the speech therapist to monitor the child's progress, identify difficulties, and adjust the corrective plan for the following day. Such continuity ensures consistency and effectiveness in the educational and therapeutic process.

An important principle of corrective work is that speech development should not remain confined to the speech therapy room. The educator continuously integrates speech therapy tasks into everyday activities and natural communication situations. During meals, for example, exercises may be used to strengthen the articulatory apparatus, such as licking jam from the lips or practicing controlled oral exhalation by blowing on hot soup. During

прогулки and outdoor activities, children are encouraged to listen to environmental sounds such as rustling leaves, birds singing, or the whistling wind. These observations help develop auditory attention, which forms the basis for phonemic perception.

In play activities, the educator organizes didactic and sound-imitation games that stimulate children's speech and auditory discrimination abilities. Games involving quasi-homonyms, such as distinguishing between similar-sounding words like "mishka" and "miska," help children notice subtle phonetic differences. Sound imitation games and rhythmic speech activities also contribute to the development of auditory memory, pronunciation accuracy, and expressive speech. During all forms of communication, the educator must constantly monitor children's speech, tactfully correcting mistakes and reminding them of correct articulation patterns. At the same time, the educator's own speech should serve as a clear, grammatically correct, and expressive model for imitation.

Children with phonetic-phonemic underdevelopment often demonstrate unstable attention, limited memory capacity, difficulties with concentration, and rapid fatigue. For this reason, educators actively use visual modeling methods during lessons such as drawing, sculpting, mathematics, and language development activities. Visual supports may include diagrams, color symbols, pictures, and graphic schemes that help children better understand and remember information. These techniques allow children to compensate for weaknesses in auditory perception through stronger visual analysis, following the principle of the "compensatory pathway." The use of multisensory teaching methods significantly increases the effectiveness of corrective education and creates more favorable conditions for the child's overall cognitive and speech development.

Continuity and consistency in the cooperation between the speech therapist and the educator represent far more than the simple fulfillment of formal duties or institutional instructions. Effective corrective work is possible only when both specialists share a unified professional position, common goals, and a deep understanding of each child's individual speech difficulties and developmental needs. Such collaboration creates a single correctional and educational environment in which the child receives continuous support throughout the entire day, not only during specialized therapy sessions. This integrated approach significantly increases the effectiveness

of speech correction and contributes to the child's overall cognitive, emotional, and communicative development.

An essential condition for successful cooperation is the educator's awareness of the individual "speech profile" of every child in the group. This profile includes information about the child's pronunciation difficulties, level of phonemic perception, vocabulary development, grammatical skills, speech tempo, attention span, memory characteristics, and emotional responsiveness during communication. When the educator possesses this knowledge, he or she can consciously incorporate corrective techniques and speech exercises into daily routines, educational activities, games, and interpersonal communication. As a result, the child receives repeated practice and reinforcement of speech skills in natural and meaningful situations, which helps transform learned abilities into stable speech habits.

The educator's role in this process is especially important because children spend most of their time outside the speech therapy room. During everyday interactions, the educator constantly creates opportunities for children to use correct pronunciation, develop coherent speech, enrich vocabulary, and improve phonemic awareness. Corrective tasks become naturally integrated into play activities, creative work, outdoor observations, conversations, reading sessions, and routine situations. Such systematic repetition allows children to consolidate the skills acquired during speech therapy lessons and gradually transfer them into spontaneous communication.

At the same time, continuity in corrective work requires constant communication and feedback between specialists. The speech therapist informs the educator about the current stage of correction, newly introduced sounds, difficulties encountered by the child, and methods that should be used for reinforcement. The educator, in turn, shares observations regarding the child's speech behavior in everyday situations, emotional reactions, attention stability, and success in applying acquired skills independently. This exchange of information allows specialists to adjust educational strategies promptly and maintain consistency in corrective influence.

Early and coordinated intervention plays a decisive role in overcoming phonetic-phonemic underdevelopment. Timely assistance not only helps correct pronunciation defects and improve phonemic perception, but also creates a strong foundation for successful literacy acquisition in school. Children with untreated phonetic-phonemic disorders often experience serious difficulties in mastering reading and writing

because they struggle to distinguish and analyze speech sounds accurately. These difficulties may later lead to specific learning disorders such as dysgraphia and dyslexia, which negatively affect academic achievement, self-esteem, and social adaptation.

Through systematic and coordinated support, specialists help children develop the necessary pre-literacy skills, including sound analysis and synthesis, auditory discrimination, syllabic awareness, and the ability to connect sounds with letters. The child gradually learns to perceive the sound structure of language consciously, which is essential for mastering reading and writing processes. Moreover, successful correction of speech disorders positively influences cognitive activity, communication confidence, emotional stability, and readiness for school learning in general.

Thus, continuity in the work of the speech therapist and educator should be understood as a holistic pedagogical partnership aimed at the comprehensive development of the child. Only through coordinated efforts, mutual professional support, and the integration of corrective tasks into all areas of daily life can stable and lasting positive results be achieved. This collaborative approach ensures not only the correction of speech impairments but also the successful social and educational adaptation of the child in future schooling.

REFERENCES

1. Каше Г. А. Подготовка к школе детей с недостатками речи: Пособие для логопеда. — М.: Просвещение, 1985. — 207 с..
2. Логопедия: Учебник для студентов дефектологических факультетов педагогических высших учебных заведений / Под ред. Л. С. Волковой, С. Н. Шаховской. — 3-е изд. — М.: ВЛАДОС, 2003. — 680 с..
3. Мёдова Н. А., Сергеева А. И. Фонетико-фонематическое недоразвитие речи: Учебно-методическое пособие. — Томск: Издательство ТГПУ, 2021. — 96 с..
4. Основы логопедической работы с детьми: Учебное пособие / Под ред. Г. В. Чиркиной. — 3-е изд. — М.: АРКТИ, 2005. — 240 с..
5. Филичева Т. Б., Чиркина Г. В. Программа обучения и воспитания детей с фонетико-фонематическим недоразвитием (старшая группа детского сада). — М.,

1993. — 72 с..

6. Филичева Т. Б., Туманова Т. В. Дети с фонетико-фонематическим недоразвитием. Воспитание и обучение. — М.: ГНОМ и Д, 2000.