GALAXY INTERNATIONAL INTERDISCIPLINARY RESEARCH JOURNAL (GIIRJ)
ISSN (E): 2347-6915
Vol. 12, Issue 7 July (2024)

TRAINING FUTURE EDUCATORS OF THE DEAF TO INVOLVE CHILDREN WITH COCHLEAR IMPLANTS IN INCLUSIVE EDUCATION

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ABSTRACT

This article highlights the importance of inclusive education in ensuring the continuous education of children with cochlear implants and the demands placed on teachers and parents during the preschool age of children. Information about the development of hearing perception and the implantation system of hearing impaired children of the first age is provided. Information on working on the sounds received by children with implants is presented. In the process of auditory-speech rehabilitation, the effect of correctional-pedagogical assistance with children with cochlear implants on the development of individual abilities of children has been revealed.

Keywords: movement response, cochlear implant, deafness, hearing impaired child, hearing, auditory perception, method, pronunciation, surgical practice, effective factors.

INTRODUCTION

Today in our Republic, the concepts of inclusive education, inclusive society, integration are becoming widely popular among the population. Article 20 of the newly revised Law of the Republic of Uzbekistan "On Education" adopted on September 23, 2020 defines inclusive education as follows. "Inclusive education is aimed at ensuring equal opportunities for learning in educational institutions for all learners, taking into account the diversity of special educational needs and individual capabilities" inclusive education through this law and became the legal basis for building an inclusive society. Legal-normative document aimed at developing inclusive education in our republic, improving the system of education for children with special educational needs, and improving the quality of all types of educational services provided to them. the October decision PQ-4860 "On measures to further improve the system of education for children with special educational needs" was approved[1, 3].

In recent years, advances in the field of medicine and special pedagogy have an effective effect on increasing the level of adaptation and rehabilitation of children with hearing problems, as well as on their social adaptation through early correction of hearing and speech problems. Cochlear implantation of hearing-impaired children is an important factor in ensuring continuous education of deaf children and integrating them into inclusive education [5, 22].

Today, in our country, attention for children with such hearing impairment is increasing. On the basis of the state program to restore the sense of hearing by installing cochlear implants to children with hearing impairment, free implants are being installed for children under 5 years of age. Also, extensive work is being done on their rehabilitation before and after cochlear implantation.

-We gave information about this miraculous construction in our previous columns. Cochlear implantation is one of the effective methods of rehabilitating deaf children, enabling people who are completely deaf to hear and understand speech. In this case, it is necessary to pay attention to the fact that, unlike ordinary hearing aids, which simply amplify the sound, the cochlear implant reaches the non-working parts of the ear and delivers the signal directly to the auditory nerve. In this way, during the operation, a system of electrodes is inserted into the inner ear of a child with a hearing impairment, which provides the ability to feel sound information by means of electrical stimulation of the remaining fibers of the auditory nerve [4, 112].

- Cochlear implantation does not give deaf children the opportunity to distinguish sound signals and use speech for communicative purposes from the time they begin the speech process. Therefore, when the processor is adjusted for the first time, the child needs pedagogical support in the development of hearing and speech. Cochlear implantation is not only a surgical operation, but an integrated system of a number of measures. Currently, the analysis of the rehabilitation of children after surgery, based on the different approaches of scientists and my personal experience, made it possible to develop some recommendations for parents:

-What do educators and parents need to know about postoperative rehabilitation of children?

-- Do not connect during the last 5-6 weeks after the operation, until the processor settles. The child loses hearing skills, receives the material by reading lips.

-- After the operation, the child needs to wear an individual hearing aid in the non-implanted ear.

-- It is important to remember that the cochlear implant is very sensitive to injuries and during the first 6 weeks it is necessary to be very careful (noisy games, running, jumping, bathing in the pool, children's colds should not be allowed).

- To protect the child's head from various blows, therefore, it is necessary to be careful when choosing sports. When participating in active games (football, basketball, volleyball), it is necessary to remove the upper part of the cochlear implant and wear a headgear (hat). During this period, children are not allowed to play boxing and ice hockey. It is necessary to be careful when performing gymnastics exercises, it is necessary to remove the outer part of the implant.

- When working with a computer, it is not recommended to use telephone-earphones (headphones) as they squeeze the head area where the implant is located. Also, the quality of the sound is impaired, and the child is at risk of receiving an electrostatic charge.

- The duration of the last rehabilitation of congenitally deaf children from cochlear implantation is 3-5 or more periods. For the development of children with cochlear implants, it is the responsibility of pedagogues and parents to carry out daily corrective work.

- Because the sounds and speech transmitted through the cochlear implant are slippery, children do not hear as clearly as children with normal hearing even after training. This requires children to be under pressure during the hearing process, resulting in poor hearing in noisy environments. It is necessary to give tasks to an implanted child individually, in order to attract the child's auditory attention. The task is repeated several times until the child understands. Impairment of auditory attention, difficulty in memorizing speech material is

due to the fact that the auditory centers of the brain did not receive information and did not develop before the operation [2, 257].

Prosthetics of hearing from the early stages, timely correction of impaired auditory functions, create the ground for active formation of hearing perception of deaf and hard-of-hearing children. As a result, children develop speech activity and intellectual activity based on it. Adults who have used a cochlear implant in practice note that with the help of this device, sound and speech sound relatively natural, expand the ability to find different sound sources, and reduce human fatigue during intense listening.

One of the characteristics of a healthy child of preschool and junior school age is his curiosity, "why?", "what for?" is that he frequently addresses adults with questions such as Children with cochlear implants do not show activity in such situations. A child with a cochlear implant tends to make various gestures and other actions to make himself invisible. The pedagogue or parents should direct this situation correctly. That is, it is required to transfer the child's desire for independent appeal to verbal expression [6, 109].

Preparation of children with cochlear implants of preschool and junior school age for independent activities relies on the general laws of personality formation. These laws are fully compatible with the development of children with cochlear implants. The correctional-pedagogical process should carry out purposeful interrelated tasks in order to arouse motivation for independent activity in a child with a cochlear implant.

Goal (motivation, invitation) + pedagogical conditions (mutually reliable, color - diverse didactic support) + process (communicative, reflexive) = Result

If such a circuit is directed to the person of the child with a cochlear implant, the result of this process is guaranteed to be effective. We will consider this system as an example of the correctional-pedagogical process of preparing children with cochlear implants for independent activities. The organization of various activities (play, make, build, show, etc.) in this targeted process ensures that a child with a cochlear implant does not become passive. No matter how active and curious a child with a cochlear implant may be, he always feels a need for warmth. A child with a cochlear implant, like a healthy child, needs affection - it is a law. A child with a cochlear implant develops well when raised in an environment of love and affection. This law imposes the following requirements on pedagogues and parents:

-to be patient;
- to be resilient and strong-willed;
- be forgiving and kind;
- take care of the child and always support them.
- to ensure that the child believes in his own strength.

How should educators or parents answer the questions of children with cochlear implants? They do not ask questions to everyone, only to people who have earned their trust. They often ask questions to those who listen to them attentively and give interesting and serious answers. Since the independence of the child's personality is formed by consciousness and activity, directing the mental activity of preschool children with cochlear implants to independence should be considered one of the main tasks of preschool education or the correctional-pedagogical process organized by a specialist. Correct organization and implementation of

mental activity of children with cochlear implants creates the basis for the formation of skills within the criteria of mental education.

Means of mental training can be conditionally divided into two groups:

1. Targeted and spontaneous activities specific to children with cochlear implants of preschool and junior school age.
2. Influence of spiritual, educational, material, cultural information, objects, objects, etc. by seeing, feeling, understanding [2, 78].

The impact of these tools on the child's mind and leaving a mark on the child's memory depends on the direct participation of the child with a cochlear implant. The best way to interest the child and involve him in the process in a non-compulsory way is a game. Mental education of children with cochlear implants of preschool age is carried out in game activities. On the basis of mental education, the tasks of other educational directions find their fulfillment. Games specially organized by adults (action, didactic, plot-role, etc.) embody various knowledge, mental operations, mental actions.

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