

SPECIFIC EDUCATIONAL CHARACTERISTICS OF CHILDREN WITH INTELLECTUAL DISABILITIES

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ANNOTATION

This article analyzes the specific characteristics of children with intellectual disabilities in the educational process and their individual development needs. The study examines the psychological characteristics of children, such as cognitive processes, memory, attention, thinking and speech development. It also examines their rate of learning material, difficulties in understanding complex concepts and the need for adapted approaches by the teacher. The article discusses in detail the pedagogical approaches used in special and inclusive education systems, individual education plans and adapted teaching methods. At the same time, the importance of pedagogical methods in increasing children's social and emotional development, motivation and self-management skills is emphasized.

Key words

children with intellectual disabilities, special education, inclusive education, individual approach, adapted teaching, pedagogical support, cognitive characteristics, educational strategies, motivation, social development.

INTRODUCTION

Mental development and correctional work for children with intellectual disabilities helps to increase their cognitive activity, form general intellectual abilities, strengthen their physical development and improve their health. Also, these processes allow children to develop self-esteem, learn to correct and control their behavior, form emotional stability and mental regulation skills, and partially compensate for developmental delays.

It is important to organize psychological and pedagogical support taking into account the characteristics of children with intellectual disabilities. This should be based on the principles of complexity and an individual approach. Specialists who are well versed in modern correctional technologies and methods of developing cognitive processes can effectively help children. Therefore, the task of a teacher-psychologist working with children with intellectual disabilities is not only to prepare them for education in a special school environment, but also to ensure that they are ready for social and domestic life, work and independent life in the future. This process is aimed at maximally correcting and compensating for developmental defects in the child.

The most important factor in preventing mental retardation is the early initiation of corrective and educational work. This allows reducing secondary developmental disorders in children and increasing their cognitive abilities. In recent years, the number of children with mild mental retardation has been increasing in our country. At the same time, some children are deprived of the necessary psychological and pedagogical support in preschool educational institutions due to the lack of special correctional groups.[1]

DISCUSSION AND RESULTS

The effective work of a teacher-psychologist with children with intellectual disabilities serves to ensure the child's balanced interaction with the world around him, the fulfillment of social functions and successful adaptation. The main goal of correctional and compensatory



work is to alleviate the child's developmental disorders and support the socialization process. At the same time, in accordance with the federal state educational standards, it is required to create a favorable social environment for the development and education of each child, taking into account his age and individual characteristics.

The special education system and oligophrenopedagogical approaches are aimed at preparing mentally retarded children for independent life and finding effective means of their development. In the modern education system, insufficient attention is paid to the preservation and development of the health of children with intellectual disabilities. Outdated teaching methods and inadequate curricula lead to their neuropsychic overload.[2]

According to L.M. Shipitsyn, children with intellectual disabilities develop cognitive activity, knowledge and abilities as a result of environmental and social influence. Therefore, the effectiveness of teaching mentally retarded children is determined by the fact that it is organized by a teacher-psychologist on the basis of systematic and didactic principles.

Such children usually have low mental abilities, aimless activity, and have difficulties in planning and execution. They are also emotionally unstable and have difficulty adapting to a children's community. Preschool and school-age children do not reach the level of school readiness, and there is a delay in mastering speech and cognitive processes. Many children have underdeveloped fine motor skills, gross motor skills, and hand-eye coordination.

The main goal of the educational psychologist is to ensure the maximum level of physical, mental, and moral development for each child, to correct and prevent secondary disorders. At the same time, the psychological and pedagogical process is aimed at timely correction of speech, emotional, and motor disorders, prevention of school failure, and the formation of social behavior.

Working with children with intellectual disabilities consists of the following stages:[3]

1. The diagnostic stage is a comprehensive medical, psychological, and pedagogical study of the child.
2. The correction and development stage is aimed at increasing the child's activity, developing compensatory mechanisms, and preventing secondary disorders.
3. The health maintenance stage is aimed at supporting the child's physiological development.
4. The educational and upbringing stage is aimed at forming moral and social skills, developing cognitive activity.
5. The socio-pedagogical stage is aimed at solving organizational issues and informing parents about the process.

Preschool and school-age children with mental retardation go through two main stages of development: motor and communicative development. During these processes, they communicate less with their peers, do not participate in role-playing games and joint activities, which leads to delays in the development of higher mental functions - thinking, memory, imagination and will.

As a result, delays in mental development can be minimized and prevented by early initiation of corrective and pedagogical influence.

Currently, in order not to discriminate against people, the term "oligophrenic" is not used in practice. Instead, the concepts of "mentally retarded", "oligophrenia" or "dementia" are often used. "Mental retardation" is a collective concept that is determined by the decrease in the



child's mental abilities, delays in mental development, the nature of the disease and the degree of pathological changes.[4]

Clinical, psychological and pedagogical examinations are distinguished in determining the decline in mental abilities. Clinical examination serves to determine the connection with organic diseases of the central nervous system. Psychological examination shows impaired cognitive activity. Pedagogical examination is aimed at determining the child's inability to master educational material and low learning ability.

Intellectual disability occurs as a result of damage or disease of the central nervous system of the child in the womb, after birth or in the early years of childhood. If mental retardation occurs after the age of three, it is classified as acquired mental retardation or dementia. Dementia is progressive and worsens over time. In oligophrenia, however, there is no increase in the defect. The origin of oligophrenia can be congenital or acquired. In congenital cases, it occurs as a result of various diseases, viral infections or fetal damage during the mother's pregnancy. In acquired oligophrenia, diseases such as meningitis and meningoencephalitis can be caused in the child.[5]

The main sign of oligophrenia is a lack of mental activity, a person's lack of knowledge and skills, limited or complete absence of thinking and reasoning. As the person develops, children move towards abstraction in thinking, that is, they can replace concrete objects with abstract concepts. For example, at first, children rely on concrete objects when adding or subtracting numbers, and later they can independently understand numbers. Mentally retarded children have difficulty understanding such abstract thinking.

The development of speech, language, emotions and movements in oligophrenic children is slow. For example, children with Down syndrome have an extra chromosome, so their appearance and some movements are similar. At the same time, oligophrenia is divided into three types according to the level of mental development: mild (F70), moderate (F71) and severe mental retardation. Children with mild mental retardation do not differ in appearance from healthy children and learn school at an average level. Children with moderate and severe levels are educated in special educational institutions with additional support.[6]

The correctional education system for children with mental retardation is aimed at ensuring their social adaptation, learning to work and adapting to life. Using the cognitive abilities of children, they are formed the necessary skills for life. When they reach adulthood, they will be able to independently provide for their families and perform simple tasks. To achieve this goal, the pedagogical psychologist pays attention to correctional work aimed at developing all the mental functions of children.[7]

Although the memory of mentally retarded children is poorly developed, it can be developed through corrective training. When these activities are started early, delays in mental development and secondary defects are reduced. Mentally retarded children are characterized by diffuse attention, immature perception, and low voluntary memorization ability. At the same time, they need strong encouragement and constant support in the educational process.[8]

The cognitive development of oligophrenic children differs from that of healthy children. Their attention, perception, thinking, speech, and emotional-volitional spheres are underdeveloped.[9] Therefore, corrective education is aimed at building their knowledge and skills, developing mental activity, and fully forming their personality. There is a simplified 9-year educational program for mentally retarded children, which teaches subjects such as the native language, mathematics, natural science, geography, history, physical education, and manual labor. In addition, children are trained for industrial and agricultural work: sewing,



locksmithing, carpentry and other simple tasks.[10]

Mentally retarded children receive education in special schools until they graduate from school. Their developmental delays can be compensated for by early and proper assistance. The most important thing is to show these children love and care, along with other peers, to encourage their knowledge and skills, and not to discriminate against them. This approach helps children with mental retardation adapt to social life and develop independent activity skills.[11]

CONCLUSION

The personal development of children with intellectual disabilities is associated not only with comprehensive upbringing, but also with the organization of psychological and pedagogical influence through the special education system. As a result of this approach, children's cognitive activity, social skills, emotional-volitional spheres, and adaptation to everyday life improve. Providing early and correct corrective assistance to children with intellectual disabilities in the educational process allows them to reduce their secondary disabilities and eliminate developmental delays.

When special education and correctional work are organized in accordance with the personal capabilities of children, they are prepared for independent life, form work skills, and find their place in society. Also, their social adaptation, self-management ability, and self-confidence increase. Therefore, the knowledge and skills of psychologists-pedagogues, the effectiveness of correctional education methods and programs are an important factor in working with children with intellectual disabilities.

In general, the special education system and pedagogical support for children with intellectual disabilities play a crucial role in shaping their personality, developing their knowledge and skills, and ensuring their successful adaptation to social life.

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