



PSYCHOLOGICAL - PEDAGOGICAL AND ORGANIZATIONAL CONDITIONS OF INCLUSIVE EDUCATION

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Abstract: This article discusses the history of the development of education for children with disabilities, its importance, the role of inclusion in preparing children with disabilities for social life, and an analysis of the results of a small research study conducted among university students.

Keywords: Children with disabilities, segregation, integration, inclusion,

The issue of equal rights in the education of children with disabilities remains one of the most pressing problems today. For various reasons, many children with disabilities are excluded from the educational process or receive separate education at home. In this regard, let's look at the historical aspect of the development of education for children with disabilities:

1. Segregation (Latin: Segregacio - separation) - the forced or voluntary relocation of a certain racial or ethnic group to a limited area, or the establishment of separate schools, transport, service enterprises, or, if not, through other discriminatory measures). It can also be called the —Medical Model. From the early to mid-1960s, it contributed to the isolation of people with disabilities. Education for children with disabilities in specialized special schools and boarding schools.

The principle of this —Medical Model was to care. Special material and technical means, the presence of special teachers, special educational programs and a system of medical care based on the capabilities of children. However, the lack of readiness for a full-



fledged life, the slowness of socialization showed that this system had its shortcomings. Isolation from family and peers led to low social adaptation.

2. Integration (Latin Integratio - restoration, replenishment) - Normalization model. It developed from the mid-60s of the last century to the mid-80s. The principle of this model is the integration of disabled people into society, a special class in general education schools for children with disabilities. The idea is to educate a child with disabilities in the spirit of the cultural norms accepted in the society in which he lives. The principle of this approach is that a child with special needs is a developing individual with the ability to master various types of activities, and society should provide the child with living conditions as close as possible to normal conditions. As a result, through the signing of international concepts, there was a change in state policy towards people with disabilities, a change in the position of people with disabilities in the legislative framework in terms of responsibility and the right to independent life. As a drawback of integration, it can be noted that it did not take into account a wide range of individual differences existing in society.

3. Inclusion (derived from the French word "inclusif", which translates as "to include") from the mid-80s to the present day. The organization of education of children with disabilities in general education schools along with other children. The culture of inclusive education, in accordance with the "Salamanca Declaration", is considered a reform that supports and approves the differences and characteristics of each student. Its goal is to prevent social segregation arising from differences in gender, race, culture, social nationality, religion, individual opportunities and abilities. We can see the need for inclusive education in the number of benefits it has for society and children with disabilities: Inclusive education allows children with disabilities to always be with their families and loved ones; Inclusive education can improve the quality of education. As a result of children with special needs receiving education in general education schools, new



teaching methods are introduced; Inclusive education helps prevent discrimination. As a result of children with disabilities and healthy children studying together in general education schools, mutual adaptation occurs; Inclusive education changes the prejudice against people with disabilities in society. Mutual respect and equality are formed. At the same time, involving people with disabilities in sports, labor activities, professions, and higher education also helps to ensure their confidence in the future and spiritual well-being.

To do this, it is necessary to adapt them to this process, direct them, and form positive motivation. As an example, we can cite the results of a psychological methodology conducted recently among female students studying in higher education in a narrow circle - "To determine optimism." According to it, the level of optimism among female students with disabilities is 67.5%. However, in healthy female students, this indicator is 63.15%. That is, the level of optimism among girls with disabilities who are included in higher education and have a purpose in life is higher than that of healthy girls. (Here is a painful issue: when analyzing the overall average results of female students, the level of complete optimism is low). Here, let's briefly touch on the results of this study:

The age range of participants in the study was 18 to 33 years old, including female students with physical disabilities and no health problems. Of these: □23.3% were 18-19 years old; □30% were 20 to 22 years old; □13.3% were 22-24 years old; □20% were 24-26 years old; □3.3% were 26 to 30 years old; □6.6% were 33 years old. The indicator of the participants according to the level of scoring the maximum score is as follows: □3.3% of the test takers scored 50% of the maximum score;

30% of participants scored above 60%; □26.6% of participants scored above 70%;

The largest number of participants, i.e. 33.3%, scored above 80%; •6.6% of participants scored the highest score, i.e. above 90%. Analyzing the overall results, it was seen that the participants were: •13.3% —Completely Optimistic; •80% —More Optimistic



than Pessimistic|| •3.3% —More Pessimistic than Optimistic|| •3.3% —Completely Pessimistic||.

Also, when the overall results are analyzed in two groups (female students with and without disabilities), as we mentioned above, the level of optimism in female students with disabilities was 67.5%; □ In female students with no health problems, it was 63.15%. In conclusion, as a continuation of the above-mentioned ideas, it can be said that today, socialization and orientation to society are leading to the optimization of the lifestyle of individuals with disabilities. It is too early to draw conclusions from the results of a fairly narrow study, but the analysis of these results shows that the level of active life in socialized individuals with disabilities increases. The study must be conducted on a large scale and the conclusions drawn from the results must be implemented in practice. At the same time, suitable professions for people with disabilities should be adapted based on their physical condition and determined through social surveys. Ensuring a smooth transition of children with special educational needs from preschool to general education schools, what to do during the transition to school; Establishing contacts between preschool educators and schools to transfer children with special educational needs to the next stage of education. School teachers - what to do as primary school teachers and how to cooperate with preschool educational organizations to welcome children with special educational needs in the process of accepting them into inclusive classes. Early identification of the special needs of children with special educational needs and providing them with the necessary support for their development from an early stage significantly affects their later independence and participation in society.

Therefore, it is important to ensure that support that begins at an early stage is provided smoothly. 1ST HALF OF THE TRANSITION

Meeting with parents in preschool institutions:



The child's actual previous and current situation in the preschool institution. Parents' concerns and thoughts about their child's entry into general education school. Recommendation for a meeting with primary school teachers. During the meeting, primary school teachers discuss the following topics: Disability characteristics Health and daily life (health aspects, changing clothes, eating, toileting, etc.). Learning activities (movement, pronunciation and speech, reading and writing, use of devices, etc.). Relationships with people (key people, group participation, understanding instructions, communication, etc.) Parents' concerns and opinions about school entry. School trip or school admission recommendation.

During a visit to a preschool, primary school teachers pay attention to the following aspects: Have children mastered daily life skills? Can the child understand the teacher's instructions and act accordingly?

How does the class teacher help children with disabilities? How does the child interact with friends? How does playtime go? If examples of the child's independent work are shown, also study them.

During a visit to the school and school admission:

Can give children an initial impression of the school and ease their fears about school. Parents (surrogate persons) can personally see the conditions of the school to which their child is being sent. They can also Will their child be able to adapt to school life? They will need to figure out what they need to do before they are accepted into school. 2ND HALF OF THE TRANSITION DEVELOPMENT OF AN INDIVIDUAL EDUCATION PLAN AND CREATING A SUPPORT SYSTEM: An individual education plan developed for a child is essential for a smooth transition to school.

1. Correctly identify children with special educational needs
2. Determine the scope of support
3. Strengthen common understanding among all stakeholders



4. Strengthen cooperation with organizations such as family, social assistance, health and labor protection

5. Continuous support through periodic reviews, etc.

During the meeting, educators from the preschool educational organization and primary school teachers will jointly discuss the following issues:

Transferring a child's individual education plan from one system to another. Specific methods of support used in the preschool educational organization. Examples of success and failure in the support process. The latest situation of children preparing for the transition to the primary school and their parents.

Educators from the preschool educational organization will visit the school for a

Partnership meeting. The following topics will be discussed at the meeting:

The preschool teacher's opinion on how the child behaves in class. Differences between the time the child went to the preschool and the current situation. Questions from the primary school teacher regarding guidance and support for the child. During the meeting with parents, primary school teachers discuss the following topics:

Introduce the school environment (daily life, study, friendships) Ask the child about his/her situation at home (ask the parents to tell about it). What has changed compared to the time the child was in the preschool, etc.

The class teacher reports on the actual situation of the child at the school committee meeting and organizes all educators to acquire the skills to work with a child with special educational needs. (Main tasks of the school committee) Develop cooperation between all teachers and staff in teaching students with special educational needs and working with their parents or substitutes. At the same time, promote the organization of seminars at the school for this purpose. Clarify measures to understand the real situation of students with special educational needs and support class teachers.



Resolution of the Cabinet of Ministers of the Republic of Uzbekistan □ On measures to further improve the activities of preschool educational organizations □ dated May 13, 2019 No. 391.

Regulations on state and non-state preschool educational organizations of general type Appendix 1 Regulations on short-term groups in preschool educational organizations Appendix 2

Regulations on multidisciplinary specialized preschool educational organizations and combined preschool educational organizations Appendix 3 Regulations on the medical-psychological-pedagogical commission under the Ministry of Preschool Education of the Republic of Karakalpakstan, regional departments of preschool education and the Main Department of Preschool Education of Tashkent city Appendix 4 Regulations on a state multidisciplinary specialized preschool educational organization with a rehabilitation center Appendix 5. The following types of parental relations in the family with children with disabilities are distinguished: authoritarian style relations; relations in a neurotic state; relations in a psychosomatic state; positive attitude in the norm.

A smooth transition from preschool to school is the first step in a child's adaptation to school life and an important process that builds trust in parents.

It is important for preschool educational organizations and schools to work together to ensure a smooth transition of children from preschool to general secondary educational institutions.

In authoritarian relationships, parents tend to live with their own personal feelings. It is characterized by nervous, harsh reprimands in the upbringing of the child, the absence of normative boundaries in educational work, attempts to hide the child from neighbors on the basis of perceiving the child's existing shortcomings as a great tragedy, and not contacting specialists whenever possible. Authoritarian relationships have a very negative impact on the development of children with disabilities. They further limit their capabilities, lead to



the deepening of secondary disabilities, difficulty in adapting to society, and many other negative consequences.

Neurotic relationships are characterized by protecting the child from environmental problems, constant anxiety, and excessive care for the child. They look with despair at the elimination of the defect in the world, creating distrust. Relationships in this situation lead to the lack of self-service skills of children with disabilities or to a very late formation of the psyche, difficulty in adapting to social life, and to adulthood in a dependent mood. Relationships in this situation cannot but negatively affect the future life of children with disabilities.

In relationships in a psychosomatic state, the child is treated in both a neurotic and authoritarian manner. That is, the parent takes excessive care of the disabled child and limits the child's capabilities. Such an attitude leads to an increase in the child's dependence on others, a further narrowing of his ideas about society, and a deepening of his defects.

In a normal positive relationship, the parent treats his disabled child primarily as a person. He does not live in a sense of shame, fear, or humiliation for his shortcomings. He strives to establish constant cooperation with specialists. They follow the advice and instructions of specialists. They look with confidence at the future of their child. Based on this attitude, they create opportunities for early detection of existing defects in the child, effective correction and prevention of secondary defects. The child's self-service skills are highly developed, they adapt to social life early and as fully as possible. In addition, it is observed that the family in which a child with disabilities is raised is often in a psychotraumatic state.



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