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¹Шайжанова Қ.У., ²Шайхыслам Н.Е., ³Абибова Н.Ш.

¹ғылыми жетекшісі, п.с.ғ.к., доцент, Karlahanym.70@gmail.com

²7M01902 – Арнайы педагогика: Логопедия мамандығының 2-курс магистранты,
shaikhnuray@gmail.com

³7M01902 – Арнайы педагогика: Логопедия мамандығының 2-курс магистранты,
An_passion87@mail.ru

Абай атындағы ҚазҰПУ, Алматы қ., Қазақстан

МОНИТОРИНГ ЭФФЕКТИВНОСТИ ЛОГОПЕДИЧЕСКОЙ РАБОТЫ ПО РАЗВИТИЮ ЛЕКСИКИ У ДЕТЕЙ С ОНР (III УРОВЕНЬ)

Аннотация. В статье представлены результаты теоретического и практического исследования эффективности логопедического мониторинга, направленного на развитие лексической стороны речи у детей дошкольного возраста с общим недоразвитием речи (III уровень). Работа основана на системном подходе к оценке динамики речевого развития через три этапа наблюдения: стартовый, промежуточный и итоговый. Применён комплекс методик, включающий диагностические задания, анализ активного словаря и качественную интерпретацию речевых проявлений. В ходе исследования отмечено значительное увеличение объёма и точности употребления слов, расширение семантических категорий и активизация связной речи. Результаты подтверждают, что регулярный логопедический мониторинг способствует повышению эффективности коррекционной работы, обеспечивает своевременную коррекцию образовательных маршрутов и способствует формированию устойчивой положительной динамики речевого развития у дошкольников с ОНР.

Ключевые слова: логопедический мониторинг, общее недоразвитие речи, лексическое развитие, дошкольный возраст, коррекционная педагогика.

¹Шайжанова Қ.У., ²Шайхыслам Н.Е., ³Абибова Н.Ш.

¹научный руководитель, к.п.с.н., доцент, Karlahanym.70@gmail.com

²магистрант 2 курса по специальности 7M01902 – Специальная педагогика: Логопедия,
shaikhnuray@gmail.com

КазНПУ имени Абая ҚазҰПУ, г. Алматы, Казахстан

³магистрант 2 курса по специальности 7M01902 – Специальная педагогика: Логопедия,
An_passion87@mail.ru КазНПУ имени Абая ҚазҰПУ, г. Алматы, Казахстан

СТЖД (III ДЕНГЕЙ) БАР БАЛАЛАРДЫҢ СӨЗДІК ҚОРЫН ДАМУДАҒЫ ЛОГОПЕДИЯЛЫҚ ЖҰМЫСТЫҢ ТИІМДІЛІГІН МОНИТОРИНГТЕУ

Аңдатпа. Бұл мақалада мектепке дейінгі жастағы сөйлеу тілінің жалпы дамымауы (СТЖД III деңгей) бар балалардың сөздік қорын дамыту үдерісіндегі логопедиялық жұмыстың тиімділігін бағалау мақсатында жүргізілген мониторинг нәтижелері сипатталады. Зерттеу барысында логопедиялық мониторингтің теориялық негіздері, түрлері мен кезеңдері қарастырылып, практикалық зерттеу үш кезеңде – бастапқы, аралық және қорытынды мониторинг түрінде ұйымдастырылды. Балалардың лексикалық даму деңгейін анықтау үшін арнайы түзетуші әдістемелер мен диагностикалық тапсырмалар қолданылды. Нәтижелер талдауы көрсеткендей, жүйелі және мақсатты жүргізілген логопедиялық мониторинг балалардың сөздік қорының көлемін ұлғайтып, сөздердің мағыналық дәлдігін арттыруға, сөйлеу белсенділігі мен байланысқан сөйлеудің дамуына ықпал етеді. Зерттеу нәтижелері мониторинг технологиясын логопедиялық тәжірибеге енгізу сөйлеу бұзылыстары бар балаларға көрсетілетін түзету көмегінің тиімділігін арттыратынын дәлелдеді.

Кілттік сөздер: логопедиялық мониторинг, сөйлеу тілінің жалпы дамымауы, лексикалық даму, мектепке дейінгі жас, түзету педагогикасы.

¹Shaizhanova K.U., ²Shaikhyslam N.Y., ³Abibova N.Sh.

¹scientific supervisor, Candidate of Psychological Sciences, Associate Professor, Karlahanym.70@gmail.com

²2nd year master's student in the specialty 7M01902 – Special Pedagogy: Speech Therapy,
shaikhnuray@gmail.com

KazNPU named after Abai, Almaty, Kazakhstan

³2nd year master's student in the specialty 7M01902 – Special Pedagogy: Speech Therapy,
An_passion87@mail.ru KazNPU named after Abai, Almaty, Kazakhstan

MONITORING THE EFFECTIVENESS OF SPEECH THERAPY WORK ON VOCABULARY DEVELOPMENT IN CHILDREN WITH GENERAL SPEECH UNDERDEVELOPMENT (LEVEL III)

Abstract. This article presents the results of a theoretical and practical study on the effectiveness of speech therapy monitoring in developing vocabulary among preschool children with general speech underdevelopment (Level III). The research was structured in three stages (initial, intermediate, and final) allowing a systematic evaluation of lexical progress. A set of diagnostic and correctional tasks was used to assess both quantitative and qualitative aspects of vocabulary growth. The analysis revealed significant improvements in word use accuracy, semantic expansion, and overall speech activity. The study emphasizes that regular and structured speech therapy monitoring enhances the efficiency of correctional work, enables timely adjustments to individual educational plans, and fosters stable positive dynamics in children's language development. The findings highlight the importance of integrating monitoring technologies into modern speech therapy practice to optimize support for children with speech disorders.

Keywords: speech therapy monitoring, general speech underdevelopment, vocabulary development, preschool age, correctional pedagogy.

Monitoring, as a pedagogical and correctional-pedagogical technology, is becoming one of the key elements in the modern system of special (correctional) education, including the field of speech therapy. The concept of monitoring is understood as a specially organized, systematic observation of a child's development, accompanied by the purposeful collection, processing, and analysis of data. This process allows educators and specialists to assess the dynamics of the formation of various skills and abilities, identify existing difficulties, and timely adjust the applied pedagogical and correctional influences in order to ensure more effective individual development [1].

Within the educational environment, monitoring serves as a comprehensive system for collecting, processing, storing, and disseminating information concerning the educational and upbringing process or its specific components. It is aimed at obtaining objective and reliable data on the current state and dynamics of a child's personal and cognitive development, which, in turn, becomes the foundation for making scientifically grounded decisions in pedagogical practice.

In the context of special education and speech therapy practice, monitoring acquires particular significance: children with speech disorders (including those with general speech underdevelopment of the third level) require continuous tracking of the correctional process. As noted by researchers, a well-structured system of speech therapy monitoring makes it possible to observe how the child's level of development has changed both qualitatively and quantitatively, and provides an opportunity to outline further directions for correction and improvement [2].

Thus, monitoring in speech therapy work performs several important functions:

- Diagnostic — it makes it possible to identify the level of a child's speech development, detect speech difficulties, and determine areas of deficiency;
- Prognostic — it allows one to trace trends in speech development, anticipate the child's needs, and adjust the correctional pathway accordingly;
- Managerial — it serves as a tool for evaluating the effectiveness of speech therapy, refining applied methods and techniques, and optimizing the individual educational program. For instance,

within the framework of special education, monitoring is viewed as a means of determining whether “the child is making adequate progress” toward the established goals [3].

In this regard, the topic of monitoring the effectiveness of speech therapy work aimed at developing the vocabulary of preschool children with general speech underdevelopment (Level III) becomes especially relevant. Lexical development is one of the key components of the speech correction process, and its dynamics make it possible to evaluate the outcomes of the speech therapist’s work, the appropriateness of the chosen methods, and the optimality of the child’s educational trajectory.

According to foreign sources, “progress monitoring” is defined as “a process that educators and other professionals in education use to assess the improvement of their students” and serves to determine whether learners are achieving their set academic or developmental goals. In special education, monitoring includes regular assessment of the achievement of Individualized Education Program (IEP) goals and provides feedback on whether the interventions are effective [4].

In speech therapy practice, speech therapy monitoring is understood as a system of systematic study of the state of speech and recording of results, as well as dynamic observation of the nature and progress of its development.

The methods and types of monitoring can be classified as follows:

Initial (baseline) monitoring	conducted before the start of correctional work; it allows specialists to determine the child’s initial level of speech development.
Intermediate (current) monitoring	carried out during the correctional process; it enables tracking of dynamics, assessing the effectiveness of interventions, and, if necessary, adjusting the individual program.
Final (control) monitoring	implemented upon completion of a certain stage or period of work; it evaluates the achieved results and allows conclusions to be drawn about the appropriateness and overall effectiveness of the speech therapy program.

The types of monitoring can also be distinguished by their object or focus area, such as observation, diagnosis, measurement of results, and comparative analysis. For example:

- Observation — continuous or periodic recording of a child’s speech manifestations in a natural or semi-structured environment (e.g., during play situations or speech therapy sessions).
- Diagnosis — the use of standardized and/or adapted methods, tests, and speech assessment cards to record the state of speech.
- Measurement and analysis — quantitative and qualitative processing of monitoring data, including counting vocabulary volume, frequency of speech errors, and evaluating changes according to specific criteria [5].

In speech therapy practice, the following monitoring tools are typically used:

- individual speech development cards or progress charts;
- observation checklists for tracking a child’s speech behavior;
- test assignments and tasks assessing understanding and use of vocabulary;
- recordings (audio or video) of a child’s speech production for subsequent dynamic analysis;
- tables of progress, graphs, and diagrams that visualize changes [6].

For instance, a “speech therapy and correctional monitoring program” may include both the assessment of cognitive and speech development and dynamic observation over time. For preschool children, monitoring methods are adapted to include play-based situations, productive activities, conversations, and question–answer interactions, ensuring that the assessment process remains engaging, natural, and developmentally appropriate.

The following algorithm for conducting speech therapy monitoring can be outlined:

1. Defining the goals and objectives of monitoring — determining what exactly is to be measured, such as the volume of active vocabulary, the accuracy of lexical usage, phrase coherence, and other relevant indicators.
2. Selection and adaptation of diagnostic tools — choosing appropriate tests, speech tasks, and observation techniques that align with the child's developmental level and communication abilities.
3. Conducting baseline assessment — recording initial data that reflect the child's starting level of speech development.
4. Systematic intermediate assessments — performing evaluations at regular intervals (for example, monthly or quarterly) to track progress and identify changes.
5. Processing, analysis, and interpretation of data — conducting both quantitative (e.g., counting the number of acquired lexical units) and qualitative analyses (e.g., assessing the accuracy of word usage).
6. Adjustment of the speech therapy program based on collected data — modifying techniques and methods, strengthening weaker areas, and optimizing the intervention plan accordingly.
7. Final assessment — comparing the obtained results with the baseline data to draw conclusions about progress, effectiveness, and prospects for further correctional work [7].

When working with preschool children who have general speech underdevelopment of Level III, monitoring should take into account such characteristics as the heterogeneity of speech disorders, the slow rate of vocabulary acquisition, difficulties in semantic comprehension of words, and the need for frequent documentation of changes. As researchers note, monitoring the speech development of children with special educational needs provides an opportunity to assess a child's speech ability “in various formats — from the simplest (sentence construction) to more complex ones (story composition)” [8].

In correctional and speech therapy work, special attention is paid not only to the quantitative growth of a child's vocabulary but also to qualitative indicators — the accuracy of word usage, the expansion of semantic fields, and the active application of vocabulary in spontaneous and structured speech. This corresponds to the definition of speech therapy monitoring criteria, which are aimed at clarifying the directions and content of speech therapy activities as well as assessing the dynamics of the achieved results.

Thus, the methodology of speech therapy monitoring should be integrated into the overall correctional and developmental program, possessing clearly defined indicators, time frames, tools, and a mechanism for adjustment. This ensures its systematic nature, effectiveness, and manageability within the broader framework of pedagogical intervention.

Having examined the theoretical foundations of speech therapy monitoring — its functions, types, and methods — it is appropriate to proceed to a description of the practical implementation of this technology. At the next stage of the study, attention was focused on the specific conditions of conducting monitoring, the selection of diagnostic tools, and the analysis of the dynamics of children's speech development. The practical section represents an experimental study aimed at testing the effectiveness of correctional and speech therapy interventions designed to develop the lexical aspect of speech in preschool children with general speech underdevelopment of Level III.

The study was conducted at the private kindergarten “Bolashak”, located in Almaty. The research was aimed at assessing the dynamics of lexical development in older preschool children (aged 6) with general speech underdevelopment (Level III).

The selected group included 18 children diagnosed with Level III speech underdevelopment, all of whom demonstrated preserved intellectual, auditory, and visual abilities. Each child exhibited a limited vocabulary and insufficient development of coherent speech, which are characteristic features of this level of speech disorder. Monitoring was carried out over the course of three months of active correctional and speech therapy work focused on enriching the children's vocabulary.

According to the standard speech therapy monitoring framework, three stages of diagnostic assessment were planned: initial stage — conducted before the start of classes; intermediate stage

— carried out in the sixth week of the intervention; final stage — conducted at the end of the third month.

This structure made it possible to perform systematic tracking of progress and, if necessary, introduce timely adjustments to the individual development programs of the children.

For the purpose of monitoring, a set of methods and tools was selected that allowed for the evaluation of both the quantitative aspect (vocabulary size) and the qualitative aspect (accuracy and contextual use of lexical units in speech).

The monitoring toolkit included a series of five speech tasks adapted for preschool children with general speech underdevelopment (based on the methodology of E.A. Strebeleva) [9].

1. “Object Vocabulary”

Purpose: To assess the volume of acquired nouns.

Procedure: The child is shown 10 pictures depicting familiar objects (e.g., a ball, cup, tree, dog, book, etc.). The participant must name each object correctly.

2. “Generalizing Concepts”

Purpose: To determine the child’s ability to classify objects and use generic (category) terms.

Procedure: The child is shown groups of 3–4 pictures united by a common meaning and is asked to name one generalizing word.

Example: apple, banana, orange → fruits; table, chair, sofa → furniture. The accuracy of the response and the ability to justify the choice are recorded.

3. “Defining Object Attributes”

Purpose: To identify the child’s ability to select and use adjectives that characterize an object.

Procedure: The speech therapist individually presents a series of pictures depicting familiar items (e.g., an apple, dress, ball, snow, sun, etc.) and asks the question: “What is it like?”. The child names features (color, shape, taste, temperature, etc.), selecting appropriate adjectives. If necessary, the teacher provides guiding prompts (“Can you say it another way?”, “What else can an apple be like?”) to encourage verbal activity and clarify responses.

4. “Verb Vocabulary”

Purpose: To assess the active stock of verbs and the ability to associate an action with its subject.

Procedure: The teacher shows pictures depicting various actions and asks questions such as “Who is doing what?” — e.g., the boy is running, the bird is flying, the fish is swimming.

5. “Synonym Series”

Purpose: To test the child’s knowledge of synonyms and shades of word meaning.

Procedure: The speech therapist names a word and asks the child to provide a synonym with a similar meaning.

Example: big – huge; beautiful – lovely; sad – sorrowful.

Evaluation of task performance (based on a 3-point scale):

3 points — the child completes the task independently and accurately, correctly naming, generalizing, and selecting words; errors are absent or insignificant; speech is detailed, coherent, and active.

2 points — the task is completed with minor difficulties or after a prompt; occasional inaccuracies in word choice or classification may occur; speech is brief but meaningfully adequate.

1 point — performance requires significant assistance or is completed with difficulty; most answers contain errors, the vocabulary is limited, and the child may refuse to respond.

Each task was assessed using this 3-point scale, with a maximum total score of 15. In addition to the quantitative assessment, a qualitative analysis of speech was also conducted, recording typical errors, the use of active vocabulary, and features of coherent speech observed during play-based situations.

The examination procedure at each stage was carried out individually with every child. The results were recorded in individual speech development cards (monitoring protocols).

Figure 1 presents the cumulative results of the baseline assessment and the conditional level of vocabulary development at the beginning of the experiment.

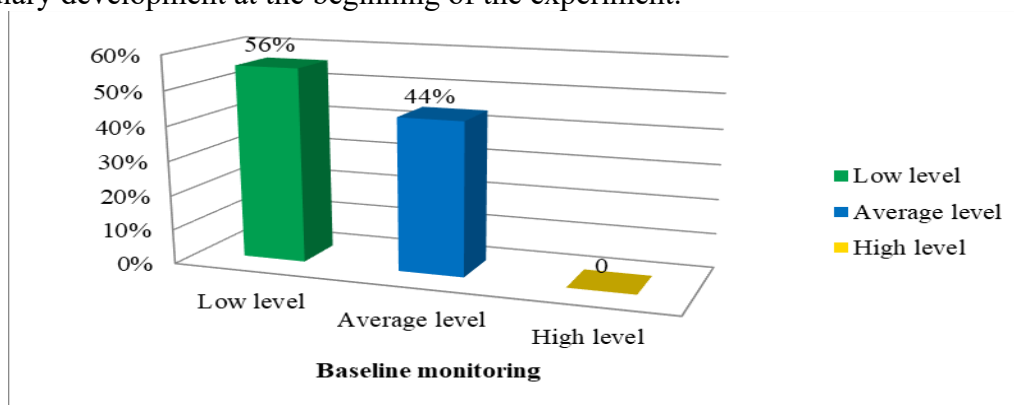


Figure 1. Results of the baseline assessment of vocabulary (before the start of the sessions)

Total:

- low level – 10 children (56%);
- average level – 8 children (44%).

As shown in Figure 1, at the beginning of the experiment, the majority of children (55%) demonstrated a low level of vocabulary development, which indicates a significant lag behind the age norm.

The obtained baseline data made it possible to accurately determine the directions of correctional work for the group as a whole and for each child individually. After six weeks of sessions, an intermediate assessment was conducted using the same series of tasks. Figure 2 presents the results of this assessment — the scores and levels of vocabulary development for each child at this stage.

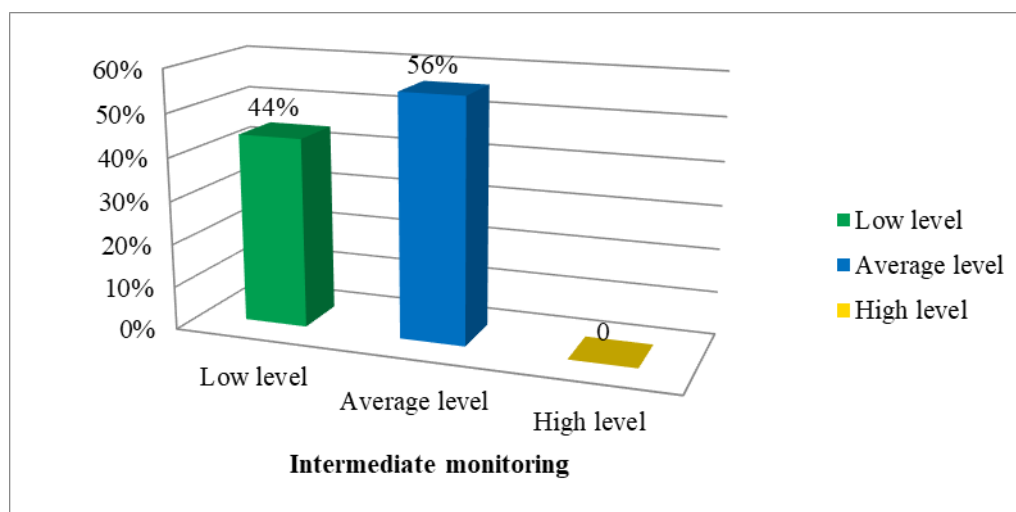


Figure 2. Results of the intermediate assessment

Total:

- low level – 8 children (44%);
- average level – 10 children (56%).

The intermediate results show a noticeable improvement: the number of children with a low level decreased to 8 (44%), while those with an average level increased to 10 (56%). Although a high level had not yet been reached, the group demonstrated steady growth in vocabulary performance.

After three months of sessions, a final assessment of the children's speech was conducted using the same parameters. Figure 3 presents the results of this stage — the final scores and levels of vocabulary proficiency for each child.

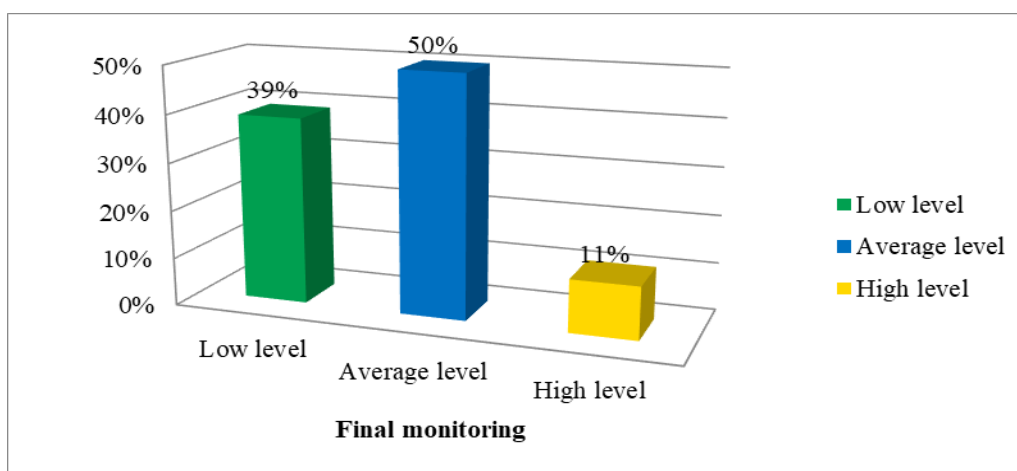


Figure 3. Results of the final assessment (after 3 months)

Total:

- low level – 7 children (39%);
- average level – 9 children (50%);
- high level – 2 children (11%).

The final results indicate significant progress achieved through the correctional and speech therapy work. The average total score for the group increased to 9 out of 15, compared to 7 at the baseline.

The change in the distribution of lexical development levels is illustrated in Figure 4.

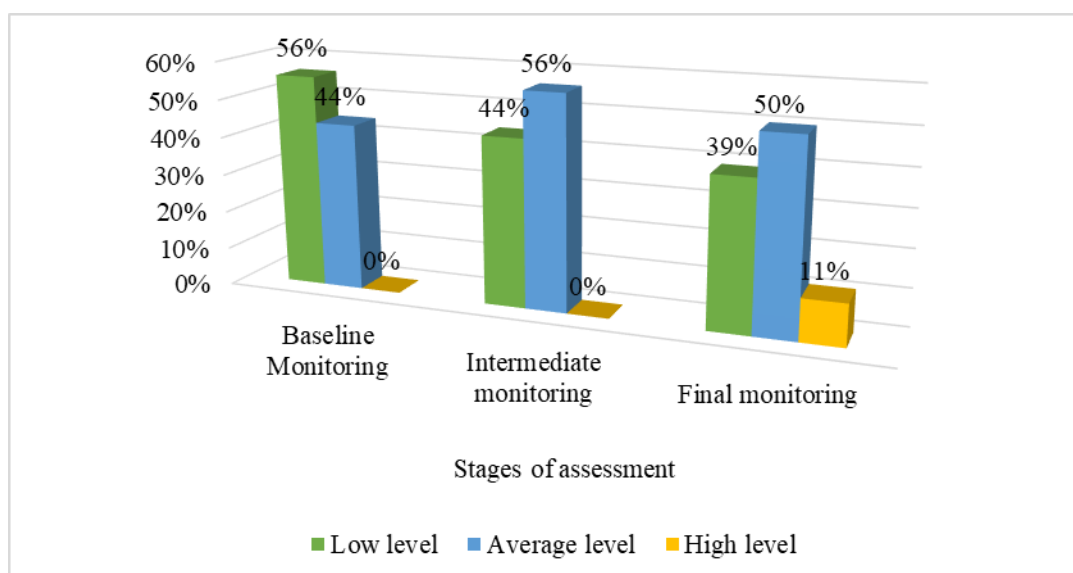


Figure 4. Distribution of children by levels of vocabulary formation at different stages of monitoring

As seen in the diagram, the number of children with a low level of vocabulary development decreased from 10 to 7 (39%). The number of children with an average level increased from 8 to 9 (50%), and for the first time, 2 children (11%) reached a high level. Thus, most preschoolers demonstrated a transition from a low to a higher level of speech development.

By the end of the three-month intensive intervention, all 18 children showed positive dynamics in vocabulary development, although the degree of progress varied. The results confirmed the effectiveness of the selected methods of speech therapy work.

The children not only learned new words but also began to actively use them in speech, which is especially important for full-fledged communication. The objective monitoring data (levels and progress reflected in the diagrams) served as a reliable criterion for assessing their improvement.

The conducted experimental study demonstrated that systematic speech therapy monitoring significantly increases the effectiveness of correctional work. It ensures continuous interaction between diagnosis and pedagogical intervention, allows specialists to observe the child's development in dynamics, and enables timely adjustments to the program.

The obtained results confirm that the regular use of monitoring is a crucial condition for improving the efficiency of speech therapy assistance for children with general speech underdevelopment of Level III.

In conclusion, the study has shown that systematic and structured speech therapy monitoring is a key factor in enhancing the quality and efficiency of correctional and developmental work with preschool children who have general speech underdevelopment of Level III. Integrating monitoring into the educational and therapeutic process allows specialists to assess both quantitative and qualitative aspects of vocabulary growth, observe individual progress, and make timely adjustments to teaching methods and materials.

The experimental results demonstrated that continuous observation and data-driven correction not only expand children's vocabulary but also improve the coherence and communicative quality of their speech. Monitoring functions not merely as a diagnostic instrument but as an effective management mechanism that ensures flexibility, consistency, and practical efficiency in the correctional process. Therefore, systematic implementation of speech therapy monitoring should be recognized as an essential component of modern speech therapy practice aimed at achieving sustainable positive outcomes in the speech development of children with Level III general speech underdevelopment.

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