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WORKING WITH BLIND CHILDREN

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Abstract: This article provides instructions on the methods of working with blind children, correctional activities carried out with them, and the introduction of visually impaired children into inclusive education.

Keywords: Teflopedagogy, psychological, pedagogical clinical, physiologic, correction, compensation, cataract toxoplasma, rubella, emperional keratitis, total blindness.

Perception of the world with the help of visual analyzers is of great importance in the mental development of a child. The strongest impressions of the surrounding environment are perceived with the eyes. Through the ability to see, a child can make appropriate actions to determine the distance from near to far. Teflopedagogy is derived from the Greek word typhlos, meaning blind. Teflopedagogy, as a science, solves the following main problems. Psychological, pedagogical and clinical study of people with severe visual impairments. Identification of anomalies of mental and physical development and typology of visual function disorders. Ways and conditions for compensation, correction and restoration of impaired and incompletely developed functions in vision and blindness. Study of the conditions for the formation and comprehensive development of a person's visual functions in the presence of various disorders. Teaching the basics of science. Polytechnic labor and professional training. To determine the types of blind and visually impaired people in special institutions for education and upbringing. To develop the scientific basis for the creation of curricula, programs, textbooks, and special methodologies. To create special technical means that will allow expanding the knowledge opportunities of people with visual impairments, increasing the effectiveness of their education and training for work in society. To develop a system of hygienic measures for the protection and development of incomplete vision.

The child develops together with the social and external environment. Visual perception. The child develops after birth. Vision is a physiological process. It allows a person to determine the shape, color, and distance of objects in the external environment. Normal children acquire the ability to stare at something by the end of the first month of their life. At the age of 3 months, they can distinguish primary colors and shapes when looking closely at objects in front of them. The thinking of blind children follows the same developmental patterns as normal children. However, these patterns are distinguished by their slowness, narrowness, and lack of depth. In children with visual impairments, movement is impaired, the child cannot control his gaze. This characteristic defect is systematically corrected in various exercises. Psychological, pedagogical, and clinical studies of people with severe visual impairments are aimed at identifying anomalies of mental and physical development and typologies of visual function disorders. Ways and conditions for compensation, correction and restoration of impaired and underdeveloped functions in vision and blindness. Study of the conditions for the formation and comprehensive development of a person's visual functions in the presence of various disorders. Teaching the basics of science. Polytechnic labor and professional training. Determining the goals of special

institutions for the education and upbringing of the blind and visually impaired. Developing the scientific basis for the creation of curricula, programs, textbooks, and special methodologies. Conducting training classes with children using the developed methods. Expanding the educational opportunities of people with visual impairments. Creating special technical tools that allow them to increase the effectiveness of their education and preparation for work in society. The child develops in tandem with the social and external environment.

The Braille system is based on the Braille dot-based script, the founder of which was Louis Braille (1809-1852). The Braille dot-based script, along with its economy, simplicity and convenience, is very suitable for the visually impaired. The uniqueness of the Braille alphabet is that it is perfectly adapted for writing. The maximum number of dots is 6, 3 in length and 2 in width, forming a rectangle. 63 characters are obtained from various combinations of 6 dots. Eye defects and acquired defects. Depending on the cause of their occurrence, related defects in vision are divided into congenital and acquired. Among the causes of congenital defects are hereditary defects, such as congenital cataracts, pregnancy, toxoplasmosis, rubella, damage to the fetal visual organs during embryonic development, brain tumors, and diseases with these defects cause congenital defects of the eye. This defect is transmitted to the fetus. If it is exposed at 2-4 weeks, its eyeball will not develop and will collapse. If it is exposed at 16-20 weeks, the cornea will be damaged, the pupil will be crooked, and white may fall on the outer membrane. Blindness is a defect in the development of the optic nerve in some parts of the brain.

Keratitis is inflammation of the cornea caused by viruses that infect the cornea, causing damage to the cornea, such as tuberculosis, diphtheria, smallpox, measles, mumps, and rubella.

Retinitis is a metabolic disorder caused by inflammation of the retina, kidney disease, diabetes, vascular disease. In this case, visual acuity decreases, the field of vision narrows. This can also lead to a decrease in perception. This disease cannot be cured. In children with visual impairment, although they have some ability to see with their eyes, they look with their eyes. A child with visual impairment performs the task in a short time, relying on visual analyzers. Blind and visually impaired children who come to school have different levels of development. They often have a very small reserve of ideas about phenomena and concepts. Speech develops late in blind children. At the initial stage of education, students are prepared to master a system of knowledge, skills and abilities. The main part of preschool children with visual impairments is made up of children with visual impairments and children with visual impairments. These preschools accept children from 2-3 years old to 7 years old.

Schools for the blind and visually impaired consist of 3 stages.

1) Primary school 4th grade

2) Basic or incomplete secondary school 5-9th grade

3) Secondary school 9-11th grade Children with visual impairments are divided into blind and visually impaired groups.

Blind people according to their visual acuity

1. Total blind people 0 visual acuity

2. Partially blind people visual acuity up to 0.0.05

Visually impaired people according to their visual acuity

1) from 0.05 to 0.1

2) from 0.1 to 0.2

3) from 0.2 to 0.4

To check visual acuity, 12 rows of different letters are drawn from the Golovin and Sivsov tables for children. Pictures are drawn for them, and the vision of a person who reads 10 rows is considered normal. In the school for the blind, a network of preschool institutions for children with amblyopia is widespread, with which a comprehensive system of correctional pedagogical and therapeutic rehabilitation work is carried out, and a comprehensive system of correctional pedagogical and therapeutic rehabilitation work is carried out with them.

Blind children are educated in special schools based on general education programs.

Blind and visually impaired children receive a certificate of completion of school and can enter a college or university in a suitable specialty for them or work in various sectors of the national economy.

One of the main tasks of a special school is to properly use and develop the visual abilities of children in the learning process, to create conditions for their prevention of visual impairment, to educate higher mental processes, to develop and expand the child's cognitive activity, to eliminate secondary mental complications resulting from visual impairment in a child. After graduating from special schools, children with visual impairment work in institutions under the Society for the Blind. Conclusion

It is known that the visual analyzer consists of conductive paths that transmit the light-receiving part of the eyeball and the image received from its auxiliary apparatus to the occipital lobes of the cerebral cortex, located first in the subcortical centers, and then in the higher visual centers. Changes in any part of this analyzer will certainly affect the child's visual ability.

Teflopedagogy divides blind children into groups of blind children who cannot see well, blind children whose vision is sharply reduced, total blindness or when correction is lost, visual acuity decreases to 0.04 even with glasses, that is, such children are practically blind. In children with poor eyesight, visual acuity can range from 0.0005 to 0.4. Children in this group perceive the surrounding environment through visual analyzers, and its practical significance is that it allows them to make appropriate actions, determining the distance from far to near. Visual impairments are divided into congenital and acquired according to the causes of their occurrence. Among the causes of congenital defects are hereditary diseases, for example, some forms of congenital cataracts and other diseases of the pregnant woman, toxoplasmosis, rubella, damage to the fetal visual organs during embryonic development, brain tumors, and diseases with these diseases play a major role and ensure the occurrence of diseases.

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