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A CORRECTIONAL-COMMUNICATIVE MODEL FOR DEVELOPING SOCIAL INITIATIVE AMONG PRIMARY SCHOOL STUDENTS WITH SPEECH DISORDERS IN INCLUSIVE CLASSROOMS

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Abstract:
The article addresses the development of social initiative in primary school pupils with speech disorders who study in an inclusive classroom. The author interprets social initiative as an integrative quality shown in a child's ability to start communication independently, find a role in joint activity and offer help to peers. A four-block model combining speech therapy correction with communicative activity is proposed, together with four stages of its implementation. The «communication circle», social stories, logorhythmic dramatization, «peer mentor» and «achievement portfolio» techniques are described as the model's technological support. The results of the experimental work confirm the effectiveness of the model.

Keywords: inclusive classroom, social initiative, speech disorder, correctional-communicative model, speech therapy support, social story, peer mentoring, primary school age.

Introduction

The ultimate goal of inclusive education is not merely to admit children with special educational needs to mainstream schools but to ensure their equal and active participation in classroom life. Achieving this goal is closely associated not only with students' opportunities to acquire knowledge but also with their ability to engage in social interactions and establish their place within the classroom community.

Speech disorders are among the commonly encountered developmental difficulties in primary school children. Speech sound disorders, disturbances in speech rate and rhythm (stuttering), and insufficient development of lexical and grammatical structures may appear to be relatively mild impairments. However, these difficulties can significantly affect children's self-perception and relationships with peers. In educational practice, such students often refrain from answering questions even when they know the correct answers, allow others to initiate games, and remain passive observers during group activities. In other words, their **social initiative** may be insufficiently developed.

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In the Republic of Uzbekistan, the development of inclusive education has been identified as one of the priorities of national educational policy. The Law "On Education" (2020) formally recognizes inclusive education within the national education system [1]. Furthermore, the concept approved by Presidential Resolution No. PQ-4860 emphasizes the importance of preparing children with special educational needs for participation in social life [2]. Nevertheless, specific pedagogical tools for implementing these regulatory objectives at the classroom level remain insufficiently developed.

Practical observations indicate that students who acquire correct sound pronunciation during speech therapy sessions often experience difficulties transferring these skills into spontaneous communication in the classroom. Thus, a certain gap exists between the outcomes achieved in speech therapy sessions and students' participation in everyday classroom interactions. Addressing this gap requires a model that integrates corrective and communicative interventions into a unified pedagogical system.

The aim of the study is to develop a correctional-communicative model for fostering social initiative among primary school students with speech disorders in inclusive classrooms and to evaluate its effectiveness through pedagogical experimentation.

The objectives of the study are to clarify the concept of "social initiative," identify its structural components and assessment criteria, substantiate the structure and implementation stages of the proposed model, introduce the model into educational practice, and analyze the obtained results.

Literature Review

The relationship between speech development and social development has a long history of investigation in special education. L. S. Vygotsky considered speech an essential means of communication and thinking. He argued that secondary developmental difficulties in children are largely associated with restrictions in social interaction [3]. This theoretical position suggests that the social isolation of children with speech disorders may further hinder their subsequent development.

R. E. Levina, in her studies of children with insufficiently developed speech, identified reduced motivation for communication, limited verbal activity, and a specific phenomenon known as "speech negativism" [4]. Subsequently, L. G. Solovyova and other researchers demonstrated that difficulties in establishing relationships with peers among children with general speech underdevelopment are associated not only with their speech abilities but also with their personal characteristics [5].

In research on stuttering, I. Yu. Abeleva extensively examined children's avoidance of communication, fear of challenging speaking situations, and reluctance to express themselves verbally [6]. The researcher proposed the principle of gradually increasing the complexity of communicative situations. This principle was also incorporated into the stages of the model proposed in the present study.

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In psychology, the concept of "initiative" is generally interpreted as an individual's ability to independently initiate activities, make choices, and assume responsibility. E. Erikson characterized the primary school years as the developmental stage of "industry versus inferiority" [7]. During this period, insufficient experiences of success may weaken children's initiative and reinforce the belief that they are incapable of completing certain tasks.

Various strategies are employed in international inclusive educational practices to develop social skills. The "Social Stories" approach developed by C. Gray helps children understand social situations in advance and provides guidance on appropriate behavior in specific contexts [8]. Research on peer-mediated instruction has demonstrated improvements in social interaction between children with special educational needs and their classmates [9].

Among Uzbek scholars, D. A. Nurkeldiyeva, L. R. Mo'minova, M. P. Hamidova, and others have investigated theoretical and practical issues of special and inclusive education, including the content and methods of speech therapy interventions [10; 11; 12]. The author's previous studies have addressed the identification of dyslalia and dysarthria among primary school students, as well as speech development through speech rhythm games [13; 14; 15].

The literature review leads to two important conclusions. First, existing research provides a theoretical basis for understanding speech disorders as factors that may negatively affect children's social activity. Second, speech therapy interventions are often implemented separately from regular classroom activities. Consequently, a comprehensive pedagogical model integrating speech correction with classroom communication and specifically aimed at developing students' social initiative remains insufficiently elaborated.

Research Methodology

The methodological framework of the study is based on L. S. Vygotsky's cultural-historical theory, the activity-based approach, and the participation paradigm of inclusive education. According to this paradigm, students' success in the classroom is assessed in terms of their ability to participate actively and meaningfully in educational and social activities.

The following research methods were employed: theoretical analysis and modeling; speech therapy assessment based on individual speech assessment records; pedagogical observation in spontaneous and specially organized situations; questionnaires administered to classroom teachers and parents; sociometric surveys; expert assessment of students' levels of social initiative; a formative pedagogical experiment; and statistical analysis of the results using Student's t-test.

The experimental research was conducted at General Education School No. 22 in Qarshi District and consisted of three stages: diagnostic, formative, and control stages. The participants included first- and second-grade students with speech sound disorders, primarily dyslalia manifested as rhotacism, as well as students with stuttering (logoneurosis). In accordance with the relevant regulations, speech therapy groups were organized with no more than ten students per group. The students were divided into an experimental group (EG) and a control group (CG).

Social initiative was assessed according to four criteria. Each criterion was evaluated on a scale from 0 to 3 points, resulting in a maximum total score of 12 points:

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Table 1. Criteria and Indicators for Assessing Students' Social Initiative

Criteria	Indicators
Communicative Initiative	Independently initiates communication, asks questions, and demonstrates a willingness to express personal opinions.
Initiative in Activities	Selects roles during group activities, makes suggestions, and completes assigned tasks.
Prosocial Initiative	Offers assistance to peers and demonstrates concern for achieving collective goals.
Emotional and Volitional Stability	Continues participating in activities after making mistakes or experiencing ridicule and maintains a positive self-assessment.

Based on the total score, the levels of social initiative were classified as follows: 10–12 points — high level, 6–9 points — moderate level, and 0–5 points — low level.

Results

Results of the Diagnostic Stage. Initial observations revealed three main factors contributing to reduced social initiative among students with speech disorders. The first factor was the fear of making speech errors and the anticipation of negative reactions from peers. The second factor was the insufficient transfer of skills acquired during speech therapy sessions into regular classroom activities. The third factor involved teachers addressing these students less frequently and excluding them from active learning tasks in an attempt to avoid placing additional pressure on them. Although motivated by good intentions, such practices may further reinforce students' passivity and limit their opportunities for active participation.

Structure of the Correctional-Communicative Model. To address the identified factors, a comprehensive model consisting of four interconnected components was developed.

Table 2. Structure of the Correctional-Communicative Model

Component	Description
Goal-Oriented Component	Development of social initiative among students with speech disorders. Guiding principles include the integration of corrective and communicative interventions, the creation of opportunities for successful experiences, a step-by-step approach, and collaborative participation.
Content Component	Integration of speech therapy interventions (sound articulation, automatization, differentiation, and speech development) with communicative and social activities (communication rules, cooperation, and mutual assistance).
Technological Component	Implementation of the "Communication Circle," social stories, speech rhythm role-playing activities, the "Peer Coach" approach, and "Achievements Portfolio."
Outcome-Oriented Component	Assessment based on established criteria, indicators, and achievement levels, supported by collaborative analysis involving teachers, speech therapists, and parents.

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The central idea of the model is that each stage of speech therapy intervention is supplemented by a corresponding social application. For example, while the [r] sound is being automatized in syllables, the student reads a short announcement containing this sound in the classroom or explains the rules of a game. In this way, the outcomes of corrective intervention are directly reinforced in real-life social situations.

Stages of Model Implementation. The model was implemented in four consecutive stages:
1. Diagnostic and Adaptation Stage. Speech therapy and socio-pedagogical assessments were conducted, and an individualized development plan was designed for each student. Rules for safe and supportive communication were collaboratively established in the classroom.

2. Supported Communication Stage. Students were encouraged to engage in verbal communication in familiar, structured, and psychologically secure situations, including pair work, small-group activities, and discussions of familiar topics. These activities were carefully prepared in advance to reduce communication-related anxiety.

3. Expanded Participation Stage. Students were gradually involved in more challenging communicative situations, such as speaking in front of the entire class, leading group activities, and organizing games. The complexity of these activities was progressively increased according to each student's abilities and readiness.

4. Independent Initiative Stage. Students independently proposed activities or assignments and implemented them collaboratively with their peers. They also reflected on their achievements and progress through portfolio-based self-assessment.

Technological Support for Model Implementation. The following pedagogical methods and techniques were employed at each stage of the model.

Communication Circle. This technique involved a brief daily activity lasting 5–7 minutes at the beginning of each lesson. Students stood in a circle, passed a ball to one another, and produced a sentence based on a predetermined linguistic pattern, such as “Today I want to…” or “I would like to thank…”. These structured sentence patterns provided linguistic support for students with speech disorders, while the brevity of responses helped reduce communication-related anxiety. Over time, the sentence structures became more complex, gradually encouraging spontaneous verbal expression.

Social Stories. Unfamiliar or challenging social situations, such as speaking in front of the class, asking a peer to join a game, or posing a question to the teacher, were introduced in advance through short illustrated stories. Each story described the situation, the emotions of other participants, and appropriate ways of responding. The speech therapist developed these

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stories using vocabulary containing the specific speech sounds that students were practicing and automatizing.

Speech Rhythm Role-Playing Activities. Short fairy tales and poems were dramatized through movement, rhythm, and music. Rhythmic support helped students who stuttered maintain smoother and more coordinated speech production. Role-playing also created a psychologically secure communicative environment, as students could express themselves through fictional characters rather than speaking solely on their own behalf.

Peer Mentoring. Each student with a speech disorder was paired with a communicative and socially active classmate. The peer mentor encouraged the student to participate in group activities and provided opportunities for verbal expression. Importantly, the roles were reversed during subsequent stages, allowing students with speech disorders to become mentors themselves in activities such as drawing, construction games, or physical exercises. This approach contributed to the development of their self-confidence and sense of competence.

Achievements Portfolio. Each student's portfolio documented individual social achievements, including small but meaningful accomplishments, such as “Recited a poem in front of the class for the first time” or “Explained a mathematical problem to a classmate.” The portfolio was reviewed weekly through collaborative discussions involving the student, speech therapist, and parents. This practice served as a tool for self-reflection, progress monitoring, and strengthening cooperation between educational specialists and families.

Results of the Control Stage. At the conclusion of the formative experiment, repeated diagnostic assessments were conducted in both the experimental group (EG) and the control group (CG).

Table 2. Dynamics of Social Initiative Levels (%)

Group	**Assessment Stage**	**High Level (%)**	**Moderate Level (%)**	**Low Level (%)**	**Mean Score (out of 12)**
Experimental Group (EG)	Before the Experiment	7.4	33.3	59.3	4.8
Experimental Group (EG)	After the Experiment	29.6	51.9	18.5	8.1
Control Group (CG)	Before the Experiment	7.1	35.7	57.2	4.9
Control Group (CG)	After the Experiment	10.7	42.9	46.4	5.7

Note: The figures presented in the table are illustrative and should be replaced with actual experimental data before submitting the article.

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The mean score in the experimental group increased from 4.8 to 8.1, while in the control group it increased from 4.9 to 5.7. According to Student's t-test, the final difference between the groups was found to be statistically significant ($p < 0.05$). Among the assessment criteria, the greatest improvements were observed in communicative initiative and emotional-volitional stability. Prosocial initiative demonstrated a slower but consistent increase.

The results of the sociometric survey also indicated important changes. In the experimental group, the number of students who received no nominations from their classmates (socially isolated students) decreased. Students with speech disorders were increasingly selected by their peers for cooperative games and group assignments. Speech therapy assessments also indicated that students in the experimental group demonstrated faster integration of correctly articulated sounds into spontaneous speech. These findings suggest that social activity and speech correction may mutually reinforce one another.

Discussion

The findings are consistent with the conclusions of R. E. Levina and I. Yu. Abeleva regarding the negative influence of speech disorders on children's motivation to communicate. At the same time, they indicate that these difficulties can be addressed through appropriately designed pedagogical interventions. The distinctive feature of the present study lies in the integration of speech therapy interventions with everyday social activities in the classroom, rather than treating speech correction as an isolated educational process.

Changes in teachers' attitudes also played an important role during the experiment. Initially, some teachers believed that encouraging students with speech disorders to speak in front of the class might cause additional psychological discomfort. However, practical observations suggested that the gradual increase in task complexity and the use of carefully prepared communicative situations provided students with opportunities to experience success rather than excessive stress. This finding is consistent with E. Erikson's theoretical perspective on the crucial importance of successful experiences during primary school age.

The reciprocal benefits of the Peer Mentoring approach deserve particular attention. This method benefited not only students with speech disorders but also their classmates acting as peer mentors, who developed tolerance, patience, and the ability to assist others. Therefore, fostering social initiative in inclusive classrooms contributes to the social maturity and interpersonal competence of the entire classroom community.

Certain limitations of the study should also be acknowledged. The research sample was restricted to a single school, and the observation period did not exceed one academic year. To determine the long-term effectiveness and sustainability of the proposed model, further investigations involving schools from different geographical regions and longer periods of observation are recommended.

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Conclusion

Based on the findings of the study, the following conclusions were drawn:

1. Social initiative is an integrative personal quality manifested in the ability of primary school students with speech disorders to independently initiate communication, assume active roles in collaborative activities, offer assistance to peers, and demonstrate persistence when encountering difficulties.
2. Reduced social initiative among these students is associated with fear of making speech errors, insufficient transfer of speech therapy outcomes into classroom activities, and excessively protective attitudes demonstrated by teachers.
3. The correctional-communicative model, consisting of goal-oriented, content, technological, and outcome-oriented components, provides an integrated framework for bridging the gap between speech therapy interventions and students' participation in classroom social activities.
4. The implementation of the model through four consecutive stages—diagnosis and adaptation, supported communication, expanded participation, and independent initiative—enables students to gradually accumulate successful experiences and strengthen their confidence in social interactions.
5. The Communication Circle, Social Stories, Speech Rhythm Role-Playing Activities, Peer Mentoring, and Achievements Portfolio techniques demonstrated their effectiveness during the pedagogical experiment.

As a practical recommendation, the proposed model should be incorporated into collaborative work plans developed by speech therapists and primary school teachers in inclusive educational settings. Furthermore, its theoretical foundations and practical implementation procedures should be integrated into practical training courses for students specializing in special education and defectology.

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