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### FEATURES OF HEALTHCARE COMPETENCIES OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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**Abstract.** Teaching children with special educational needs self-care and hygiene skills is a key component of their social and personal development, requiring systematic support from specialized educators. This study investigates the conditions and characteristics of hygiene skill formation among primary school children with developmental disorders. It has been revealed that a significant proportion of these children have comorbidities, such as minor motor impairments and chronic somatic diseases. Awareness of their medical history becomes a motivating factor in fostering understanding of the importance of a healthy lifestyle. The development of independence in applying health-preserving practices is emphasized as a necessary objective. Observational methods were used to monitor how children carry out hygienic actions, such as wash their hands before eating, within the context of routine activities. Additionally, survey methods were employed to assess the level of development of fundamental knowledge related to sanitation and healthy behaviors. Findings indicate that adults often enforce hygiene rules without sufficiently explaining their purpose, which can hinder the internalization of health-related concepts. The study confirms the necessity of creating special pedagogical conditions and integrating elective educational components. Collaboration with professionals from health promotion centers is recommended to enrich students' understanding and ensure the effective formation of sustainable health-conscious behaviors.

**Key words:** children with special educational needs; developmental disorders; hygiene skills; children with disabilities; healthcare competencies; healthy lifestyle

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## **ЕРЕКШЕ БІЛІМ БЕРУ ҚАЖЕТТІЛІГІ БАР БАЛАЛАРДЫҢ ДЕНСАУЛЫҚ САҚТАУ ҚҰЗЫРЕТТІЛІГІНІҢ ЕРЕКШЕЛІКТЕРІ**

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**Аннотация.** Ерекше білім беру қажеттілігі бар балаларға өз денсаулығына күтім жасау, гигиена сақтау дағдыларын үйрету өте маңызды болып табылады және ол үшін арнайы педагог тарапынан көмек қажет болады. Жүргізілген зерттеу барысында психикалық дамуы тежелген балалардың гигиеналық дағдыларының қалыптасу жағдайлары мен ерекшеліктерін анықталып, талдау жасалды. Психикалық дамуы тежелген бастауыш сынып оқушыларының көпшілігінде тірек-қимыл жүйесі тарапындағы шамалы бұзылыстар, созылмалы соматикалық аурулар түріндегі ілеспелі дерттерінің болғаны анықталды. Олардың өзіндегі болған дерттер туралы білуі денсаулықты нығайту, салауатты өмір салтын ұстану қажет екендігін түсінуі үшін күшті ынталандырушы фактор болып табылады. Осындай балалар үшін біреудің көмегін үнемі күтпей, күнделікті өмірде өз денсаулығына қамқорлық жасау дағдыларын өз бетінше қолдануды үйрену өте маңызды. Денсаулық сақтау құзіреттілігінің заттық-практикалық компонентін зерттеу мақсатымен балаларды күн тәртібіне сәйкес гигиеналық шаралардың үлгісі ретінде тамақтанар алдында қол жуу ережелерін орындау сипатын бақыладық. Әңгімелесу әдісі арқылы оқушылардың салауатты өмір салты негіздерінің мазмұндық компоненттерінің қалыптасу деңгейін анықтау өткізілді. Зерттеу нәтижесінде ересектер көбінесе балалардан денсаулықты сақтауға бағытталған ережелерді сақтауды талап ететіндігі, алайда мұның не үшін қажет және неге соншалықты маңызды екенін түсіндіруге көп мән бермейтіндігі анықталды. Зерттеу барысында алынған осындай нәтижелер ерекше білім беру қажеттілігі бар балалардың денсаулық туралы біртұтас ұғымын қалыптастырып, қажетті дағдыларын бекіту үшін арнайы педагогикалық жағдай жасау қажеттілігін тағы да растады. Осы орайда

элективті компонент сабақтарын ұйымдастырып, оған салауатты өмір салты орталықтарының мамандарын жұмылдыруға болады.

**Түйін сөздер:** ерекше білім беру қажеттілігі бар балалар; даму бұзылыстары; гигиеналық дағдылар; мүмкіндігі шектеулі балалар; денсаулық сақтау құзыреттілігі; салауатты өмір салты

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## ОСОБЕННОСТИ ЗДОРОВЬЕСБЕРЕГАЮЩИХ КОМПЕТЕНЦИЙ ДЕТЕЙ С ОСОБЫМИ ОБРАЗОВАТЕЛЬНЫМИ ПОТРЕБНОСТЯМИ

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**Аннотация.** Очень важно обучать детей с особыми потребностями в обучении навыкам ухода за своим здоровьем, соблюдению гигиены, и для этого требуется помощь со стороны специального педагога. В ходе проведенного исследования были выявлены и проанализированы условия и особенности формирования гигиенических навыков у детей с задержкой психического развития. Установлено, что у большинства младших школьников с задержкой психического развития имеются сопутствующие заболевания в виде незначительных нарушений со стороны опорно-двигательного аппарата, хронических соматических заболеваний. Знание ими перенесенных заболеваний является для них мощным стимулом к пониманию необходимости ведения здорового образа жизни для укрепления здоровья. Очень важно для них научиться применять полученные навыки заботы о своем здоровье самостоятельно, не ожидая постоянно чьей-либо помощи. С целью изучения предметно-практической составляющей здоровьесберегающей компетентности мы наблюдали за характером соблюдения детьми правил мытья рук перед едой, как образца гигиенических мероприятий в соответствии с режимом дня. Методом интервьюирования проведено определение уровня сформированности содержательного компонента основ санитарно-гигиенических навыков и здорового образа жизни учащихся. В результате исследования выявлено, что взрослые зачастую требуют от детей соблюдения правил, направленных на

сохранение здоровья, не уделяя особого внимания объяснению, зачем это нужно и почему так важно. Такие результаты исследования еще раз подтвердили, что для формирования у детей целостного представления о здоровье и закрепления нужных навыков необходимо создание специальных педагогических условий. В этой связи можно организовать занятия по элективному компоненту и привлечь к ним специалистов центров здорового образа жизни.

**Ключевые слова:** дети с особыми образовательными потребностями; нарушения развития; гигиенические навыки; дети с ограниченными возможностями; здоровьесберегающие компетенции; здоровый образ жизни

**Introduction.** In educational organizations, it is important to strengthen the health of pupils, improve physical fitness, form a healthy lifestyle, and prevent diseases. It is necessary to work in this direction with students with developmental disorders. After all, children with special educational needs and disabilities will need help from a special teacher in teaching the skills of caring for their health, hygiene, such children will find it difficult to learn on their own.

In the literature, this problem has been considered by several authors. The scientist Mo Chen in 2022 study analyzed articles that looked at Activities of Daily Living (ADL) in children between the ages of 7 and 18 with developmental disorders. Among such events were personal, motor skills, learning, communication, recreation, participation in public life. As measurable results, competencies in skills, the amount of necessary assistance, and the frequency of action are considered. The ADL is one of the most important practical criteria for assessing opportunity constraints used in the fields of Health, Pediatrics, education, psychology and rehabilitation. In the field of psychology, adaptive behavior as milestones is often developed within two main theoretical concepts. The first is the American Association on Intellectual and Developmental Disabilities that (AAIDD) defines adaptive behavior from the point of view of three parties: conceptual, which includes spoken language, the ability to count, self-management, etc.; social, which includes aspects of solving social problems, interpersonal communication skills, social responsibility; practical skills, which include self-care, professional skills, health care, participation in the life of society, etc. The second is this the International Classification of Functioning (ICF), according to which adaptive behavior includes the following areas: application of knowledge, communication, mobility, self-care, household chores, interpersonal relationships, social and civic life.

But there are also recommendations of a general nature, which come to adapt to the needs of any child. They can be used by parents and nurses to achieve autonomy in the self-management of their own needs in the care of children with different levels of development. These recommendations are based on the development concepts of Piaget and Erickson and Orem's self-care model (Betz, 2000).

**Main part.** The quality of children's achievements in academic subjects, the development of speech, the acquisition of hygiene, nutrition, safety skills directly depend on the quality of educational programs. Several differences are identified in

comparison between children who did not attend a preschool educational institution and those who were trained with a standard and improved educational program (Diazgranados et al., 2016).

Self-care skills allow children to independently take care of their life in everyday life without anyone's help. To do this, the child must be well versed in motor skills. The development of motor skills plays a very important role in the acquisition of children's self-care skills. Noor Amiera Alias in 2023 analyzed the difficulties of teachers and parents related to the care of children 4-5 years old through an individual semi-structured interview. In qualitative terms, the data are collected according to the topics: "Limited amount of knowledge", "Time constraints", "Needs guidance", "Child's factors", and "Non-standardised guidance". The result of the study showed that parents' understanding of children's needs and development was limited. It is found that parents and teachers lack knowledge about the role of motor skills necessary for children to maintain a certain level of independence in self-care. Offering a module for the development of motor skills to support self-care, the authors propose to conduct further research and consider the possibilities of compiling a module for the formation of these skills at an early age.

Children and adolescents with special needs in education also have the right, like any other child, to receive high-quality medical care. Pediatricians who work with such children need to identify any health needs in a timely manner. He must register information about it in documents and convey it in an understandable language to all specialists working with the child, family members. To implement this, it will be able to use publicly available resources, collaborate with a team of multi-profile specialists. It is especially likely that young specialists, due to insufficient experience, do not master the characteristics of such children. For example, the behavior of a child can be a way of expressing that he is suffering physically. It is worth paying attention to this in time. 'Hidden Disabilities Matter' provides greater insights, the authors cite a link to the website. It is important to consider the secondary health problems of children. All this helps the pediatrician in caring for the health of children with special educational needs, in planning it correctly, in giving simple and understandable recommendations (Horridge, 2023).

It is known that in addition to the family, school also has a significant impact on the health of the child, since children spend some part of their lives at school. Therefore, several health measures is carried out in the school for various programs to reduce the damage to children's health. The policy, system, and structure of each school should focus on improving medical outcomes as well as academic achievement. Therefore, health workers have the opportunity not only to introduce ready-made programs in schools, but also to implement reforms and innovations to improve the health of children in schools (Jourdan et al., 2021).

It is necessary to introduce the problem of strengthening the health of schoolchildren at different levels: at the level of international positions, at the level of National Policy and at the level of local municipalities. However, under the influence of various priorities during this broadcast, changes may occur in the inclusion of these

relevant principles in the sanitary education program. Especially at the municipal level, the approach to the school as a health and health-promoting institution is often dependent on discourses on disease prevention and personal discipline regulation (Nordin et al., 2019).

In some schools, measures to strengthen children's health have been seen to slow down after funding or other resources provided as outside aid have been exhausted. If effective measures are stopped, the investment spent on their implementation will go to waste. In practice, these measures do not cover new students. The effectiveness of these measures is not such a factor as to affect their continuation. There are studies that show that public health measures are unlikely to be continued by schools when the initiative projects run out. According to the data obtained, its stability will depend on a large generation of leaders who are motivated to continue working to improve children's health in changing conditions and have the necessary knowledge and skills (Herlitz et al., 2020). One of the effective, interesting and accessible methods for the formation of health-saving competencies of children with special needs in teaching is fairy-tale therapy. There you can organize reading fairy tales from children's literature, doing various activities with children using cartoons, films. For example, oral analysis, collecting illustrations from puzzles, drawing, creating a theatrical performance, etc. (Kazachiner et al., 2020).

Carrying out of this systematic literature review provide baseline data and evidence for developing health literacy interventions for people with disabilities. However, this review demonstrates that only a handful of intervention studies have addressed the low-health literacy of people with disabilities. Further and more rigorous interventions addressing health literacy for people with diverse disabilities are warranted. This review provides insights into how health literacy interventions can be tailored to the type of disability. Further, efforts should be expanded to comprehensively promote all the four core competencies of health literacy to reduce health disparities for individuals living with disabilities (Nam et al., 2023). The skill of treating one's own health as a value should be developed from school age. Because growing up and reaching student age, this skill is unlikely to be preserved. The results of some studies show that more than 50% of students understand the importance of Health in the system of vital values, but most of them do not make much effort to maintain it. It turned out that many of them did not master the skills of using health-saving technologies during study and Recreation (Griban et al., 2021).

Children with special needs in education, including children with intellectual disabilities, for health competence will be needed in different contexts of life. With their help, the child adapts to the environment, learns other skills faster. Health competence can be considered in the form of several components: cognitive, emotional, practical. The cognitive component is especially poorly formed in children with special needs in learning, with intellectual disorders. And the tasks for checking the emotional and practical component are performed by children with enthusiasm (Shubayeva et al., 2017).

Maintaining a healthy lifestyle in children contributes to optimal working



capacity, creative activity, and emotional tone. Thus, the path opens to the development of the value of knowledge, independence of understanding, the ability to make decisions and take responsibility. In addition to the family, an educational institution plays a major role in the formation of a healthy lifestyle (Utshkalieva et al., 2022). Children's health is closely related to their quality of life. As one of the scales for assessing the quality of life, we can mention the WHOQOL-BREF brief questionnaire. It is recommended by WHO. However, this questionnaire applies to adults and adolescents. The WHOQOL-BREF consists of 26 items that assess the following broad areas: physical health, psychological health, social relationships, and the environment (Yermakhanov et al., 2023).

During the introduction of health technologies, it is necessary to consider the following features and directions: medical and hygienic (carried out in close contact between teachers, medical workers and students); physical education (priority of physical education exercises, during physical education classes, as well as during classes in sports clubs and sections); environmental (development of children's harmony with nature). In this regard, the development of health competencies for children with special learning needs is of particular importance (Zhienbaeva et al., 2021). There are studies that have compared the effectiveness of performing physical exercises in water and on dry ground with children with developmental disorders on the part of the nervous system. To do this, he conducted an analysis of clinical studies in many literary sources. According to the results, it was found that the effectiveness of the exercises carried out during water therapy was relatively high. Such exercises have had a positive effect on motor and social skills. Exercises in the water contributed to improving the performance of children with disabilities, such as mental adaptation, rotation, balance and control, independent movement, such as walking, standing upright, moving the upper body (Shariat et al., 2023).

Artificial intelligence can create unique educational programs tailored to each student's individual needs and educational level, including helping to expand access to education by supporting learners with special educational needs. Machine learning algorithms help identify early signs of learning difficulties in students and provide timely support. In this regard, this modern technology will undoubtedly be useful for expanding the knowledge of children about health and hygiene skills. In general, the use of artificial intelligence in education can significantly increase the effectiveness of learning and help create a more accessible and personalized learning environment for all learners (Zulpykhar et al., 2024).

**Research materials and methods.** The study involved 11 students in primary school aged 10-11 years. The main diagnosis of all children is: F83 Mixed specific developmental disorders. The purpose of the study: to identify and analyze the conditions and features of the formation of hygienic skills of children with mental retardation. The methods used in the study were as follows:

- 1) familiarization with pedagogical, psychological, medical documents;
- 2) control over the nature of the implementation of the rules for washing hands before meals, as a model of hygiene measures in accordance with the agenda, as a manifestation of the material and practical component of health competencies;

3) determination of the level of formation of the content components of the basics of sanitary and hygienic skills, healthy lifestyle of students by the method of conversation.

As a result of familiarization with the pedagogical, psychological and medical documents of children, it was found that the vast majority of children, in particular 7(60%), had concomitant diseases. In some children, several additional diseases were detected at once. Of these, 2 students had astheno-neurosis syndrome, one child had sleep disorders, 2 children had chronic tonsillitis, one child had chronic adenoiditis, one child had scoliosis, one child had flat feet.

The reason we especially focused on additional diseases of children is that their knowledge of the diseases they have experienced is a powerful incentive for them to understand that it is necessary to lead a healthy lifestyle to promote health. It also shows that the need for health knowledge and skills for children with special educational needs is extremely high. It is very important to learn how to use the care skills they can on their own, without constantly looking back at someone's help, so as not to further worsen their health over the years.

In order to study the practical component of the health competence of the children participating in the study, we observed the nature of the implementation of the rules for washing hands before meals as a model of hygiene measures in accordance with the children's agenda. The control was carried out in the school canteen in coordination with the parents of each child, the class teacher. It was noted that they were careful when washing their hands, did not rush, washed efficiently.

To evaluate the procedure for washing hands, we relied on the proposed simple and clear instructions:

1. first, wet your hands with warm water and rub in the soap. Rub your hands together thoroughly!
2. thoroughly wash the outer surface of the palms and hands, the area between the fingers and the area around the nail.
3. then rinse your hands with warm water to remove the soap. Keep rubbing your hands until you've rinsed off all the soap!
4. last: dry your hands thoroughly with a clean cloth or paper towel. Make sure your hands are dry! When you're done, hang the towel in place or throw the paper towel in the trash.

We observed and evaluated how correctly the children followed these indicated specific steps when washing their hands. During the observation of children, the following features of hand washing skills were checked: motivation, compliance with the sequence of execution, completeness, speed, flexibility, neatly, attentiveness.

The evaluation criteria were as follows (evaluated in the form of points):

- 3 points – the order of execution is complete, correctly observed. The child shows a desire to perform sanitary and hygienic measures, understands the need for them, and fully observes the sequence of hand washing. Performs the necessary movements in full. Movements are fast, but not hasty, flexible, careful. After washing his hands, he dries them well.

- 2 points – as a result, a small error was made in the correctness. The child sometimes shows a desire to perform sanitary and hygienic measures, but this is not always observed, depending on the mood of the child, he realizes the need. The hand wash sequence is mostly followed, but partially left out. Sometimes the necessary movements are not performed in full. Movements are fast, sometimes slow, sometimes hasty, partly flexible, sometimes not careful. After washing his hands, he sometimes does not dry them completely.

- 1 point – the order of execution is not fully observed and/or incorrect. The child is often unmotivated to perform a sanitary and hygienic measure, not fully aware of its need. Does not follow the sequence of hand washing, does not perform the necessary movements in full. Movements are hasty or slow, inflexible, not careful. After washing his hands, he does not dry them well.

The assessment of the knowledge of Primary School students with special educational needs who took part in this study in various subjects about a healthy lifestyle, self-care was carried out. In the process of studying and assessing the level of knowledge of students, we considered the amount of knowledge and skills that children must master in Grade 4 in accordance with the requirements of the curriculum. During diagnostics, we compiled interview questions according to the widely popular methodology. We assumed that the conversation was to determine the level of students' knowledge about the concepts of "Health" and "healthy lifestyle". Such knowledge is the fundamental basis of the knowledge in the field of Health that students acquire in the later stages of study. Without understanding them, the rest of their knowledge becomes scattered, irregular. Therefore, we considered it important to determine how familiar children are with these concepts, how they understand them.

Interview questions:

1. What Is Health?
2. How Can a person take care of his health?
3. How do you take care of your health? Why is it necessary to maintain health?
4. How can you know the rules for maintaining and strengthening health?
5. What is a "healthy lifestyle"?
6. Name the rules of a healthy lifestyle.
7. Who should take care, take care of your health?

Evaluation criteria:

- correct and complete answer – 3 points;
- correct but incomplete answer - 2 points;
- incorrect answer or not answering at all – 1 point.

A set of points:

- 19-21 corresponds to the correct knowledge;
- 11-18 corresponds to incomplete correct knowledge;
- 7-10 corresponds to incorrect knowledge

Then, according to the above score sets, we distinguished the following levels:

- a relatively high level-corresponds to the correct, complete knowledge;
- average level - corresponds to incomplete correct knowledge;

- low level-corresponds to incorrect knowledge.

Description of evaluation criteria:

- correct and complete answer – (3 points) - the student shows all the relevant signs (components) and reveals important interrelationships; knowledge leads to correct actions;
- correct but incomplete answer – (2 points) - the Student Reveals only a part of the important features (components), has difficulty showing the relationship between them, and knowledge partially leads to correct actions;
- incorrect answer or not answering at all (1 point) – the student cannot reveal or important features (components), replaces them, knowledge does not cause correct actions or leads to incorrect actions.

The study at this stage was conducted individually with each child; all children's opinions were recorded and, if necessary, organizational assistance was provided. At the age of 10-11 years, the level of understanding of the acquired knowledge of children increases, the ability to identify causal relationships increases, and the positive dynamics because of special education increases. Therefore, the learning process at this age is a very favorable and optimal period for the formation of unified concepts in children, based on which they consolidate the corresponding skills.

**Results.** As a result of the examination, 7(64%) of children received 2 points for hand washing skills, 4(36%) received 3 points, and 1 point was not detected in any child. Such indicators testify to the fact that most children have mastered this skill to an incomplete extent.

Basically, in children, there was a lack of enthusiasm, at first they showed curiosity, constantly washed their hands with enthusiasm and tried to show it, and later we found that the enthusiasm subsided. Children also did not have the patience to thoroughly wash the area around the nails, and tried to speed up the process to a quick finish, without completely rinsing off the soap. And in some cases, they passively stretched their time and performed the necessary movements slowly, but not completely. It should also be noted that sometimes children showed haste and impatience, not drying their hands completely after washing them.

As for the answers to interview questions, when asked about the importance of the concept of "health", some students answered "health is necessary for Health", which showed that they do not understand that health is very important for life. About the simplest types of health care, they said that you need to "eat", "sleep", "wash your hands". Some students gave answers: "health is good", "it is necessary not to get sick." And some students gave relatively complete answers: "health is strength, joy", "when a person is not sick", "playing sports", "when the body is strong". It was noted that students have a narrow understanding of how to take care of Health. Most often, children named only 1-2 approaches to health care, and did not indicate a causal relationship between them: "play sports", "treat, drink medicine", "dress well", "do not drink cold water", "do not run hard", "do not smoke", "follow the routine", "take care of yourself", "eat fruit".

As a source of knowledge about health, students spoke about books, television, the internet, doctors and teachers. It turned out that adults require students to follow

the rules aimed at maintaining health, but do not pay much attention to why it is necessary. Students have a misconception about what actions should be taken on their part and on the part of adults to take care of their health. For example, they say that adult care for children's health is "kindness", "tell them to drink medicine", "tell them to go outside and get some fresh air", "teach the mind".

It turned out that only a few students heard about a healthy lifestyle, but no student knows the exact meaning of this phrase. The answers were given that a healthy lifestyle is "discipline", "good nutrition", "physical fitness of a person".

Only 3 of the children showed results in completing tasks in such a way that their holistic understanding of Health and a healthy lifestyle was at a high level, the knowledge and skills of 5 children in this area were average and low in 3 children (Fig. 1).

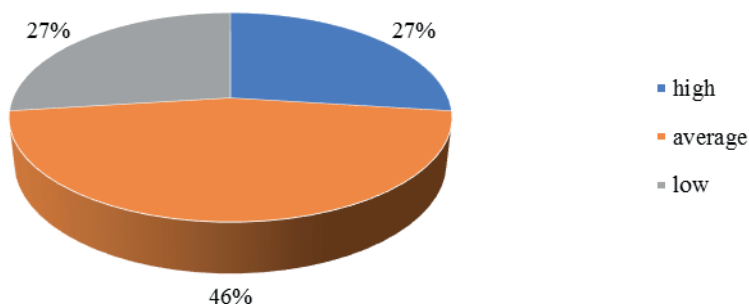


Figure 1 – The level of formation of the content component of the basics of a healthy lifestyle in students with special educational needs

**Discussion.** As a result of the conversation, it is possible to conclude that a certain amount of knowledge of students about health and a healthy lifestyle is reflected in the form of training, requirements that parents, teachers, educators and doctors constantly talk about. These requirements do not contribute to the formation of motivation for students to fulfill, especially at a time when supervision on the part of adults is weakened. For example, all students know that when walking, sitting, they need to maintain physical slimness, but the vast majority sit hunched over in a chair, etc.

The result of the study showed that children with chronic diseases had a higher interest in the topic of Health and had a relatively high level of formation of their understanding of Health. Students do not fully understand their role in maintaining their health. Therefore, during training, it is necessary to fully reveal the content and meaning of each given concept and indicate the need for the material taught by each student based on their individual life experience. To increase the effectiveness of training, it is necessary to create a cognitive incentive, interest in mastering what the teacher says.

Thus, because of the study, it was revealed that students with special educational needs to expand knowledge about health, consolidate their skills, and form an understanding of a healthy lifestyle. The study proved the need for additional work aimed at improving the quality and increasing the responsibility of students for their health.

**Conclusion.** The result of the study showed that most students with special educational needs had a low motivation to cherish health and acquire new knowledge about it. When comparing the content and activity levels of the basics of a healthy lifestyle, sanitary and hygienic skills, the need to create special pedagogical conditions for the formation of a unified concept of Health and consolidation of skills in children with special educational needs was revealed. All educational institutions hold thematic events dedicated to the health problem, including lectures by specialist doctors, class hours, health days and weeks. However, such events are often held not periodically, but a lot of time in between. For example, to prevent students from becoming obsessed with bad habits, you can conduct class hours on the topic "maintaining a healthy lifestyle" once a quarter. In terms of its content and methods of transmission, the lectures of specialists-doctors are not adapted for children with PDT. Such events attract students only by their appearance, but the true understanding of the established problems remains at a low level. Such methods of knowledge dissemination need to be adapted to students with special educational needs. It is known that elective classes are also held in this area. However, here, too, teachers face some difficulties. Teachers who conduct elective classes for a healthy lifestyle for children with special educational needs usually do not take special thematic courses. There are not enough programs and methodological guidelines for elective classes in this area. Often, teachers, for their part, are inquisitive and prepare the material themselves. It is necessary to involve specialists from centers of a healthy lifestyle in the lessons of the elective component and adapt lectures for students with special educational needs. In addition, elective classes should be aimed at stimulating the interest of children and encouraging them to independently master the necessary skills. The role of parents is also very important in this area.

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