## Appendix V: Prosody Checklist

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| **District Name:** *Enter District Name* **Date:** *Select Date* |
| **Student’s Name:** *First Name* *Middle Initial*. *Last Name* |
| **Student’s DOB:** *Select Date of Birth* **Grade:** *Enter Student’s Grade in School* |
| **School:** *Enter School Name* **SLP:** *Enter SLP’s Name* |

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| Prosody in Speech? |  |  | *Click Here to Enter Comments* |
| Does the student’s stress production change in conversation? |  |  | *Click Here to Enter Comments* |
| Does the student’s voice reflect changes in effect (i.e., monotone voice)? |  |  | *Click Here to Enter Comments* |
| Does the student’s intonation change when speaking (appropriately reflects mood, emotions, etc.)? |  |  | *Click Here to Enter Comments* |
| Does the student perceive changes in prosody in other speakers (mood of speaker, emotions, sarcasm, etc.)? |  |  | *Click Here to Enter Comments* |