Dear Parents and Guardians,

__________________________ Elementary is excited to offer your child a one-to-one reading tutorial program called STAR (Student Tutoring Achievement for Reading).

STAR is a research-based practice program that helps students who are at-risk for reading difficulties.

Your child will be tutored twice weekly at school with each tutoring session lasting thirty minutes. STAR will be taught in addition to the regular reading program. Your child will not be out of the classroom during that important time. Tutoring will take place for most of the school year.

STAR focuses on essential areas of literacy development which support and strengthen what is being taught in the classroom. The program helps children with comprehension, fluency, high frequency sight words, phonemic awareness, and phonics. The program also engages children in assisted reading and repeated reading of books on their ability level.

Two ways you can help us help your child are to make sure your child attends school every day, and to read daily with your child for at least 20 minutes.

Please contact us at ____________________________ Elementary if you have any questions about the STAR tutoring program. Let’s work together to help your child become a life-long successful reader!

Sincerely,

__________________________
Teacher/Star Coordinator

__________________________
Principal

----------------------------------------------------------

PLEASE SIGN AND SEND THIS PORTION WITH YOUR CHILD TOMORROW!

Please initial the following statements:

• I give permission for my child to participate in the STAR Tutoring Program ________.

• I give permission for my child’s voice, image, and/or likeness to be provided by the school to the local or state PTA, other parent/teacher associations, community councils, and media outlets to promote the STAR Program ________.

• I give consent for my child’s voice, image, and/or likeness to be recorded (including photographs or video) to be used only for teacher education and training ________.

• I give permission for my child’s work to be used for educational research purposes ________.

__________________________________________  __________________________  ____________
Parent’s Signature                     Child’s Name                     Date