STAR Teacher Recommendation Form

Student’s Name: ____________________________ Date: __________

Classroom Teacher’s Name: ____________________________ Grade Level: __________

☐ All letter names of the alphabet are known.
   Letters unknown:

☐ All sounds of the letters are known.
   Sounds unknown:

☐ Uses vowel patterns when decoding words:
   ○ Never    ○ Often    ○ Sometimes    ○ Always

COMPREHENSION

○ Minimal recall    ○ Partial recall    ○ Excellent recall

Instructional reading level: ____________________________

Classroom teacher’s signature: ____________________________

Description of student: ____________________________