

# 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: