_____'s Star Chart Date:___/___/___

Subject	Overall Behavior	Teacher Comments
Morning Work	☆☆☆	
Math	☆☆☆	
Science	☆☆☆	
Social Studies	☆☆☆	
Language Arts	☆☆☆	
Recess	☆☆☆	
Lunch	☆☆☆	
Independent/ Quiet Work	☆☆☆	
Transition Periods	☆☆☆	
Specials Classes	☆☆☆	
Bathroom Break	☆☆☆	

Teacher Comments: _____

_____

_____

Date:___/___/___ Parent Signature: _____