

**St. Anthony Tri-Parish Catholic School**  
**1145 W. 20<sup>th</sup> St. Casper, WY 82604**  
**Phone 307-234-2873 Fax 307-235-4946**

**Teacher/School Official Recommendation Form**

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

To the Teacher/School Official: We appreciate your assistance in completing this form. This information will be confidential and it will not be included in the student's permanent record.

Please check the appropriate boxes that best describes this student.

TOPIC	USUALLY	SOMETIMES	SELDOM
Follows directions			
Is respectful			
Enjoys school			
Participates			
Works independently			
Relates well with peers			
Is imaginative			
Exhibits positive self image			
Shows concern for others			
Exhibits self-discipline			
Has good study habits			
Has good attendance			
Is on time for school			
Can focus on tasks			
Completes homework			

Has this student received tutoring or Special Education services? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Are the parents/guardians supportive of school policies, regulations, and parent volunteer obligations?  
 \_\_\_YES \_\_\_NO

Are the parents responsive to school suggestions? \_\_\_YES \_\_\_NO

Has the student had any discipline problems this year in the current school setting? \_\_\_YES \_\_\_NO

If **YES**, please explain (use back if necessary) \_\_\_\_\_

Please check the appropriate box.

- I highly recommend this student.
- I recommend this student.
- I recommend this student with reservations  
because \_\_\_\_\_
- I do not recommend this student  
because \_\_\_\_\_

Signature of Teacher/School Official \_\_\_\_\_

Please print name of School/Teacher Official \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

*Please fax this completed form to St. Anthony Tri-Parish Catholic School (307) 235-4946 attn: Registrar or email to michelle.leyba@sascasper.com. Thank you.*