Records Request/Student Recommendation Form

Name of Student: _____Grade for which applying: 9th

I authorize the release of information/records required to support and supplement my son's application to Creighton Prep. This may include, but not be limited to: grades, standardized test scores, psychological testing and staff observations.

_____

(Parent Signature) (Date)

Items needed to be completed and sent to Prep:

1. 7th and 8th grade report cards.

2. Standardized test scores from 6th, 7th and 8th grade only.

3. Online recommendation form OR Blue school recommendation form.

******** Please return this form, with records, by January 27, 2017********

Teacher/Counselor: This student is considering attending Creighton Prep. The information below is necessary to evaluate his application. Please take a moment to chart his academic and personal qualities. On the reverse side, you are welcome to offer additional comments. Your cooperation is appreciated. This information is secured and not shared with others. Thank you for your help.
Teacher/Counselor: Please give this form (once completed) to the school office so they can provide the student records.

	4	3	2	1	Rating
Academic Ability	Exceptional ability	Average ability	Lower/marginal ability	Poor ability	
Homework Responsibility	Always in on time	Usually in on time	Frequently missing	Record of irresponsibility	
Reading Comprehension	Outstanding comprehension	Grade level comprehension	Below grade level comprehension	Poor comprehension	
Work Ethic	Works independently	Usually on task	Frequently off task	Consistently needs attention	
Behavior and Attitude	Outstanding in every respect	Good or acceptable	Marginal behavior and attitude	Poor behavior and attitude	
Peer Relationships	Highly respected	Usually no problem	Some difficulty in cultivating	Poor/unhealthy, unskilled	

Would you recommend this student for Honors courses? ☐ Yes ☐ No

To the best of your knowledge, are there any known and diagnosed learning differences? ☐ Yes ☐ No

If yes, please explain: _____

Recommendation: ☐ HIGHLY RECOMMEND ☐ RECOMMEND
☐ RECOMMEND WITH RESERVATION ☐ DO NOT RECOMMEND

Additional comments:

Signature: _____ Title: _____ Date: _____

School: _____ Telephone: _____

Teachers please check off if you completed the recommendation form online. ☐

Return all paper work to: Creighton Prep
Attn: High School Office
7400 Western Ave
Omaha NE 68114

or fax to 402.343.1889
Attention: High School Office

or email to: jpick@prep.creighton.edu

All materials may be submitted online or by email. Recommendation form online: creightonprep.org/recform

Transcripts may also be sent ELECTRONICALLY to: jpick@prep.creighton.edu