

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 grade and (8th grade 1st semester) report cards.
2. Standardized test scores from 6th, 7th and 8th grade only.
3. Blue school recommendation form.

***** Please return this form, with records, by January 25, 2019*****

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

Recommendation: HIGHLY RECOMMEND RECOMMEND
 RECOMMEND WITH RESERVATION DO NOT RECOMMEND

Additional comments:

If yes, please explain: _____

Signature: _____ Title: _____ Date: _____

School: _____ Telephone: _____

Return all paper work to: Creighton Prep **or** fax to 402.343.1889
 Attn: High School Office Attention: High School Office
 7400 Western Ave
 Omaha NE 68114 **or** scan/email to: application2019@creightonprep.org