



# MARIAN

## Recommendation for Admission and Placement

Student: \_\_\_\_\_

Current School: \_\_\_\_\_

<p>Current School, please forward the following four items to Marian. Due January 26, 2024.</p> <ol style="list-style-type: none"> <li>1. 7<sup>th</sup> Grade Report Card (both semesters)</li> <li>2. 8<sup>th</sup> Grade Report Card (1<sup>st</sup> semester)</li> <li>3. Any standardized test scores</li> <li>4. This recommendation form completed by a current teacher, counselor, or principal.</li> </ol>	<p>Please forward all items to:</p> <p>Marian High School          Attn: Registrar          7400 Military Ave.          Omaha, NE 68134          Fax: 402-571-3228          Email: dsmith@omahamarian.org</p>
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I authorize the release of information and records required to support and supplement my daughter's admission to Marian. This includes but is not limited to grades, attendance, health, discipline, standardized test scores, and staff observations. I understand and agree that this recommendation is confidential and may not be transmitted, viewed, or otherwise read by my daughter or any member of her family.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Student Evaluation by School Staff

*This recommendation is part of the items needed in a students' application packet. Any information that you provide will be held in the strictest confidence.*

\_\_\_\_\_  
Staff Name Printed

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Staff Position

\_\_\_\_\_  
Date

Academics	Advanced for Age	Age Appropriate	Needs Improvement	Not Observed
Overall academic ability				
Study skills and habits				
Work ethic				
Focus in class				
Self-motivation and ability to work independently				
Organization and communication of ideas				

Personal and Social Skills	Advanced for Age	Age Appropriate	Needs Improvement	Not Observed
Personal conduct and responsibility				
Relationships with peers				
Emotional maturity				
Leadership and engagement at school				

(Continued on reverse side)

Other items			
Does this student consistently follow school rules?	<input type="radio"/> Yes	<input type="radio"/> No	If no, please briefly explain in the space below.

Other items continued			
Are there any academic accommodations, modifications, or resource services provided for this student?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please briefly explain in the space below.

Are there any behavior accommodations, modifications, or resource services provided for this student?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please briefly explain in the space below.

Overall Recommendation					
What is the overall recommendation for this student?	<input type="radio"/> Highly recommend	<input type="radio"/> Confidently recommend	<input type="radio"/> Recommend	<input type="radio"/> Recommend with reservation	<input type="radio"/> Do not recommend
Additional Comments (optional):					

Please contact the person below to discuss this student's recommendation.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Best Time of Day: \_\_\_\_\_