



ST. MARK Catholic School
 9972 Vale Road
 Telephone 703 281-9103

Vienna, Virginia 22181-4005
 Fax 703 766-3430



**KINDERGARTEN TEACHER NARRATIVE
 REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE**
 (for student applying to enter 1st grade at **ST. MARK School**)

_____ (Student's Name) _____ (Present Grade)

Length of time student has attended your school: _____

Number of times absent this school year: _____

Number of times tardy this school year: _____

The above student is being considered for placement in our school next fall. Any information which will guide us in meeting the student's needs is appreciated.

I. Please list textbooks used this year (if applicable) _____

II. PLEASE ASSESS THE FOLLOWING AREAS BY:

E = excellent G = good F = fair N = needs improvement

SOCIAL DEVELOPMENT

Demonstrates positive self-concept	_____	Displays courtesy & politeness	_____
Plays & works cooperatively	_____	Shows self-control	_____
Demonstrates age appropriate behavior	_____	Accepts responsibility for behavior	_____
Cleans up after work & play	_____	Shows consideration for others &	_____
Seeks help when needed	_____	their property	_____

WORK HABITS

Listens carefully & attentively	_____	Works carefully & neatly	_____
Follows directions	_____	Follows 2 & 3 step directions	_____
Works independently	_____	Stays on task	_____
Completes tasks in allotted time	_____		

PSYCHO-MOTOR DEVELOPMENT

Large Muscle Coordination

_____ Demonstrates body balance (hopping, walking in a line)	
_____ Coordinates own movement (running, jumping, skipping)	
_____ Demonstrates controlled movement (stopping, starting, turning)	

Small Muscle Coordination

_____ Controls manipulatives	_____ Controls tools (crayons, scissors, brushes)
_____ Colors	_____ Cuts
_____ Traces	_____ Prints name

Oral Language

_____ Retells a simple story	_____ Speaks clearly
_____ Speaks in complete sentences	_____ Participates in group discussions
_____ Recites poems, rhymes, and finger plays	

(OVER)



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Reading Readiness

- | | |
|---|---|
| <input type="checkbox"/> Recognizes print in the environment | <input type="checkbox"/> Enjoys stories & poems |
| <input type="checkbox"/> Participates in group reading activities | <input type="checkbox"/> Selects books as an independent activity |
| <input type="checkbox"/> Uses beginning reading strategies | <input type="checkbox"/> Knows colors |
| <input type="checkbox"/> Works from left to right | <input type="checkbox"/> Recognizes & writes capital letters |
| <input type="checkbox"/> Prints letters in correct form | <input type="checkbox"/> Recognizes & writes lower case letters |

Mathematics/Science

- | | |
|---|---|
| <input type="checkbox"/> Demonstrates number concepts | <input type="checkbox"/> Participates in problem solving activities |
| <input type="checkbox"/> Copies, creates, extends patterns | <input type="checkbox"/> Uses simple graphs |
| <input type="checkbox"/> Sorts & classifies | <input type="checkbox"/> Identifies & describes shapes |
| <input type="checkbox"/> Makes observations using a variety of senses | <input type="checkbox"/> Counts to _____ |
| <input type="checkbox"/> Writes numbers in correct form | <input type="checkbox"/> Demonstrates measurement concepts & estimates quantities |

Readiness Test Results: _____

HAS THIS STUDENT EVER BEEN RECOMMENDED FOR, OR IDENTIFIED AS NEEDING:

- | | | |
|---------------------------------------|---------|--------|
| a) Psychological evaluation | Yes ___ | No ___ |
| b) Special Education | Yes ___ | No ___ |
| c) Speech/language therapy | Yes ___ | No ___ |
| d) ADD or ADHD evaluation | Yes ___ | No ___ |
| e) Evaluation for learning disability | Yes ___ | No ___ |

Recommended grade placement for the upcoming school year: _____

ADDITIONAL COMMENTS

Printed name and signature of person completing this narrative:

Email address: _____

Date: _____

Printed name and signature of Principal or Director:

Name of School:

Phone Number: _____

**THANK YOU FOR YOUR HELP WITH THIS REPORT.
 YOUR TIME AND ATTENTION ARE APPRECIATED.**



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PARENTAL PERMISSION

Parent/Guardian: Please complete the information below and submit this form to the school your child is currently attending. Please provide the teacher completing the narrative report, a stamped envelope addressed to the ST. MARK Catholic School address above, Attn: Principal. Teachers may also scan and email the completed form directly to Mrs. Jeanne Bliss, Admissions Director, at jbliss@stmark.org.

I give my permission for _____
(Teacher's Name: Please Print)

To complete the attached Narrative Report for _____
(Student's Name: Please Print)

Date: _____

(Signature of Parent/Guardian)

Name of Parent/Guardian (please print): _____

Dear Teacher: This child is being considered for acceptance at ST. MARK Catholic School.

Please complete the attached form and return it to the school at the above address – or via email to Mrs. Jeanne Bliss, Admissions Director, at jbliss@stmark.org – as soon as possible.

Thank you for your cooperation and your time.