



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

Vienna, Virginia 22181-4005  
 Fax 703 766-3430



**TEACHER NARRATIVE  
 REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE  
 (for student applying to enter ST. MARK School grades 2-8)**

\_\_\_\_\_ (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. Languages spoken in the home:** \_\_\_\_\_

**III. PLEASE ASSESS THE FOLLOWING AREAS BY:**

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

|                       |       |                         |       |
|-----------------------|-------|-------------------------|-------|
| General attitude      | _____ | Cooperation             | _____ |
| Respect for authority | _____ | Classroom conduct       | _____ |
| Effort                | _____ | Relationship with peers | _____ |
| Organization          | _____ | Home study habits       | _____ |
| Initiative            | _____ | School study habits     | _____ |
| Takes pride in work   | _____ | Completes assignments   | _____ |

**IV. PLEASE ASSESS THE FOLLOWING AREAS BY:**

1 = outstanding progress      3 = below average  
 2 = satisfactory progress      4 = failing to make necessary progress

|                  |       |                |       |
|------------------|-------|----------------|-------|
| Religion         | _____ | Social Studies | _____ |
| Reading          | _____ | Science        | _____ |
| Math             | _____ | Spelling       | _____ |
| English/Language | _____ | Penmanship     | _____ |

**V. MOST RECENT ACHIEVEMENT TEST RESULTS:**  
 (testing results should be included with official school records)

|               |       |               |       |
|---------------|-------|---------------|-------|
| Above average | _____ | Low average   | _____ |
| Average       | _____ | Below average | _____ |



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**VI. MOST RECENT I.Q. TEST (Test Name):** \_\_\_\_\_  
 (testing results should be included with official school records)

Date \_\_\_\_\_ Score \_\_\_\_\_

**VII. PLEASE DESCRIBE ANY DISABILITIES (physical, emotional, learning, language, family situation) WHICH AFFECT THE APPLICANT'S PROGRESS:**

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**VIII. READING SERIES AND PRESENT LEVEL OF STUDENT:**

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**IX. MATH SERIES AND PRESENT LEVEL OF STUDENT:**

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**X. PLEASE COMMENT ON THE CLASSROOM AND SCHOOL BEHAVIOR OF THE STUDENT, NOTING ANY BEHAVIOR THAT WOULD BE DETRIMENTAL TO THE LEARNING ATMOSPHERE OF THE CLASSROOM.**

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**XI. IN YOUR DEALINGS WITH THE PARENTS, HOW WOULD YOU DESCRIBE THEIR ATTITUDE TOWARD THEIR CHILD'S LEARNING AND STUDY HABITS? HAVE THEY COOPERATED WITH SCHOOL POLICIES AND TEACHER SUGGESTIONS?**

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(Continued)



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**XII. HAS THIS STUDENT EVER BEEN RECOMMENDED FOR OR IDENTIFIED AS NEEDING:**

- |                                   |         |        |
|-----------------------------------|---------|--------|
| a) Psychological evaluation       | Yes ___ | No ___ |
| b) Special Education              | Yes ___ | No ___ |
| c) Speech/language evaluation     | Yes ___ | No ___ |
| d) Enrichment                     | Yes ___ | No ___ |
| e) Grade retention                | Yes ___ | No ___ |
| f) ADD or ADHD evaluation         | Yes ___ | No ___ |
| g) Learning Disability evaluation | Yes ___ | No ___ |

**ADDITIONAL COMMENTS**

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**Printed name and signature of person completing this narrative:**

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Email address: \_\_\_\_\_

Date: \_\_\_\_\_

**Printed name and signature of Principal or Director:**

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Name of School:

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Phone Number: \_\_\_\_\_

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

**(OVER)**



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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](mailto: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 mail it to the school at the above address as soon as possible. You may also scan and email the completed form directly to Mrs. Jeanne Bliss, Admissions Director, at [jbliss@stmark.org](mailto:jbliss@stmark.org).**

**Thank you for your cooperation and your time.**