



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

Vienna, Virginia 22181-4005
 Fax 703 766-3430



**PRESCHOOL TEACHER NARRATIVE
 REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE
 (for student applying to enter ST. MARK School Kindergarten)**

_____ (Student's Name)

_____ (Present Grade)

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

Grading Scale:

S = Satisfactory Progress (age appropriate)
 I = Improving
 N = Need for Improvement

SOCIAL DEVELOPMENT

Shares and takes turns _____
 Plays well with others _____
 Is considerate of others _____
 Shows courtesy & self-control
 in speech & action _____
 Behavior during free time _____
 Performance in gym _____

Follows directions _____
 Takes care of equipment _____
 Observes rules _____
 Accepts suggestions _____
 Participates willingly in
 art & music _____

SKILLS

Recognition of basic colors _____
 Speaks clearly _____
 Expresses ideas well orally _____
 Comprehends words _____
 Shows appreciation for &
 curiosity about the world
 around him/her _____

Dominant hand: right ____ left ____
 Holds pencil & crayon
 properly _____
 Prints name by following
 name card _____
 Prints name independently _____

MOTOR SKILLS

Large muscle control _____
 Small muscle control _____

Drawing horizontal, vertical
 & curved lines _____
 Cutting & pasting _____

Has this student ever been recommended for, or identified as needing an evaluation for:

Speech/Language therapy _____
 Psychological _____
 ADD or ADHD _____
 Developmental skills _____

Do you recommend this child for placement in a full day kindergarten program? _____

If you do not, please comment below.

(OVER)



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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 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.

Thank you for your cooperation and your time.