



ST. MARK Catholic School
 9972 Vale Road Vienna, Virginia 22181-4005
 Telephone 703-281-9103 Fax 703-766-3430



**PRE-SCHOOL TEACHER NARRATIVE
 REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE
 (for student applying to enter ST. MARK School Pre-School Program)**

 (Student's Name)

 (Present pre-school placement –
 e.g. 2 yr old 2 day/wk 1/2 day, 3 yr. old
 5-day/wk full-day daycare, etc)

The above student is being considered for placement at ST. MARK Catholic School. Any information provided will guide us in meeting the student's needs and is greatly appreciated.

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

SOCIAL DEVELOPMENT

Shares and takes turns _____	Follows directions _____
Plays well with others _____	Takes care of equipment _____
Is considerate of others _____	Observes rules _____
Behavior during free time _____	Listens to adults _____

SKILLS

Dominant hand: right ____ left ____ unknown ____
 Speaks clearly _____
 Comprehends words _____
 Shows appreciation for & curiosity about the world around him/her _____

MOTOR SKILLS

Large muscle control _____
 Small muscle control _____ Cutting & pasting _____

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

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

This student is applying for placement in our pre-school program, which has an academic component. Do you recommend this as a good placement for him/her? YES _____ NO _____

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 or daycare program 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.