



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

Vienna, Virginia 22181-4005
 Fax 703 766-3430



TEACHER NARRATIVE

I give permission for my child's teacher, _____, to complete this form for my child, and to forward the completed form directly to ST. MARK Catholic School as soon as possible so that appropriate admissions decisions may be made. This completed narrative can be sent by mail (to the address listed above), by fax (703-766-3430), or by email (admissions@stmark.org).

 Student's Name Present Grade Signature of Parent/Guardian Date

Please rate this student on:	Superior	Excellent	Average	Below Avg	Poor
Academic achievement					
Effort / Initiative towards learning					
Study/work habits & time management					
Ability to follow directions					
Intellectual curiosity					
Creativity					
Attention span					
Commitment to schoolwork					
Relationships with peers					
Works well with groups					
Works well independently					
Relationships with adults					
Ability to express ideas orally					
Behavior					
Leadership ability					
Attendance record					
Tardy record					
Kindness towards others					
Ability to accept responsibility for behavior					
Consideration for others & their property					
Parental partnership with teacher / school					

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

Psychological evaluation Yes ___ No ___
 Special Education Yes ___ No ___
 Speech/language therapy Yes ___ No ___
 ADD or ADHD evaluation Yes ___ No ___
 Evaluation for learning disability Yes ___ No ___

ADDITIONAL COMMENTS: _____

Name and title of person completing this narrative: _____

Email address: _____ Date: _____ Name of School: _____

Thank you for your help with this narrative. Your time and attention are greatly appreciated.