

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

Vienna, Virginia 22181-4005 Fax 703 766-3430



TEACHER NARRATIVE

Student's Name Present Grade Signature of Parent/Guardian Date Please rate this student on:	I give permission for my child's teacher,, to complete this form for my child, and to forward the completed form directly to <i>ST. MARK</i> 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).							
Academic achievement	Student's Name Present Gr	rade	Signatui	re of Parent/G	Date			
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 Speech/anguage therapy Yes No Speech/anguage therapy ADD or ADHD evaluation Yes No Special Education Yes No Special Education Yes No Special Education Yes No ADD TIONAL COMMENTS:	Please rate this student on:	Sı	uperior	Excellent	Average	Below Avg	Poor	
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	ADDITIONAL COMMENTS:							
Email address: Date:Name of School:	Name and title of person completing this narrative:							
	Email address:	Date:_		Name of Sch	ool:			

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