



GULF STREAM SCHOOL

Applicants to PRE-KINDERGARTEN and KINDERGARTEN

CONFIDENTIAL RECOMMENDATION FORM

To be given to the student's present school

Student Information

Name of candidate _____ Date of birth _____ Application for _____

Days per week enrolled _____ Hours per day _____ Size of group _____ Age range _____ How long have you known the candidate? _____

The student whose name appears above is a candidate for admission to Gulf Stream School, an independent, coeducational day school. Your candid evaluation of the applicant's intellectual and personal qualities will be helpful to our Admissions Committee. **Your remarks will be kept strictly confidential and will be made available to admission and guidance offices only.** Please complete both sides of this form and return it directly to the Admissions Office.

Social/Emotional Development

	Exhibits Strength	Age Appropriate	Needs Development	Comments
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits appropriate humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cognitive Development

	Exhibits Strength	Age Appropriate	Needs Development	Comments
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contributes to group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moves easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is a self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Physical Development

	Exhibits Strength	Age Appropriate	Needs Development	Comments
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Student Information

Please identify and describe any special needs, including auditory and visual development: _____

Please comment on each of the following regarding this child:

1. Favorite activities _____

2. Self image _____

3. Child's relationship with parents _____

4. In your view, what are the child's particular strengths? _____

5. Are there any significant weaknesses or problems of which we should be aware? _____

6. Are parents cooperative and involved in the School? _____

Exceptionally cooperative Generally cooperative Rarely cooperative Rather disinterested

Teacher Information

Teacher's name (please print) _____ Date _____

Teacher's signature _____

School name/address _____

School telephone number _____ e-mail _____

May we contact you for further information? No Yes

Return Form to Gulf Stream School

After completion, please return the most recent available reports from the last two school years.

Please return to: Admissions
Gulf Stream School
3600 Gulf Stream Road
Gulf Stream, FL 33483

Telephone: 561-276-5225
Fax: 561-276-7115
www.gulfstreamschool.org
admissions@gulfstreamschool.org

