



GULF STREAM SCHOOL

Applicants to GRADES 5-8

CONFIDENTIAL RECOMMENDATION FORM

To be given to the student's present school

Student Information

Name of candidate _____ Current Grade _____ 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.

Student Skills

	Exceeds Age Expectations	Age Appropriate	Needs Development	Not Applicable
Attention skills, concentration, focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well and cooperatively in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits, organization, task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING Literal Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make inferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING Fluency, clarity of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH Number sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Is there ability grouping? No Yes

Please indicate candidate's level:

Reading

- High
- Middle
- Low

Math

- High
- Middle
- Low

Student Information

Please comment on each of the following regarding this child:

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential class participation and homework preparation:

Learning style: auditory processing, visual processing, memory, application of learned skills, focus, working pace:

Social skills: cooperation/interaction with peers and adults:

Emotional maturity: self-confidence, respect for limits and routine, ability to make transitions, response to frustration:_____

Personal Qualities: leadership, honesty, responsibility, concern for others, sense of humor:_____

Do you have any additional information that may be helpful in our evaluation of this student?_____

Are parents cooperative and involved with the school?_____

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

