



# 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: \_\_\_\_\_

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Please comment on each of the following regarding this child:

1. Favorite activities \_\_\_\_\_

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2. Self image \_\_\_\_\_

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3. Child's relationship with parents \_\_\_\_\_

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

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

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6. Are parents cooperative and involved in the School? \_\_\_\_\_

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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

