



# 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:

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

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**Social skills:** cooperation/interaction with peers and adults:

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

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**Personal Qualities:** leadership, honesty, responsibility, concern for others, sense of humor:\_\_\_\_\_

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

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Are parents cooperative and involved with the school?\_\_\_\_\_

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## 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

