



APPLICANTS TO GRADES 1 - 4

# Confidential Recommendation Form

## STUDENT INFORMATION

NAME OF CANDIDATE \_\_\_\_\_ Current Grade \_\_\_\_\_ Years Acquainted \_\_\_\_\_

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				
SELF-MOTIVATION EFFORT				
ABILITY TO WORK INDEPENDENTLY AND PRODUCTIVELY				
FOLLOWS DIRECTIONS				
SEEKS HELP WHEN NEEDED				
WORKS WELL AND COOPERATIVELY IN GROUPS				
TRANSITIONS EASILY FROM ONE ACTIVITY TO ANOTHER				
STUDY HABITS, ORGANIZATION, TASK COMPLETION				
WILLINGNESS TO TAKE RISKS, TRY NEW ACTIVITIES				
PARTICIPATION IN CLASS DISCUSSION				

## STUDENT SKILLS

		Exceeds Age Expectations	Age Appropriate	Needs Development	Not Applicable
READING	DECODING				
	COMPREHENSION				
	FOR PLEASURE				
WRITING	MECHANICS				
	SPELLING				
	ORGANIZATION OF IDEAS				
	CREATIVITY AND IMAGINATION				
SPEAKING	FLUENCY, CLARITY OF EXPRESSION				
MATH	NUMBER SENSE				
	COMPUTATION				
	PROBLEM SOLVING				
	SPATIAL SENSE				

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there ability grouping?  Yes  No

What is the candidate's level in Reading?  High  Middle  Low

What is the candidate's level in Math?  High  Middle  Low

**STUDENT INFORMATION**

Describe the student's strengths and weaknesses in Reading/Language Arts and Math: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:  
\_\_\_\_\_  
\_\_\_\_\_

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 Phone Number \_\_\_\_\_ Email \_\_\_\_\_

May we contact you for further information?  Yes  No

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

**ADMISSIONS · GULF STREAM SCHOOL**  
**3600 GULF STREAM ROAD**  
**GULF STREAM, FL 33483**

**PHONE: 561.276.5225 · FAX: 561.276.7115**  
**GULFSTREAMSCHOOL.ORG**  
**ADMISSIONS@GULFSTREAMSCHOOL.ORG**