



APPLICANTS TO GRADES 5 - 8

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				
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	LITERAL COMPREHENSION				
	ABILITY TO MAKE INFERENCES				
WRITING	MECHANICS				
	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

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 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