



APPLICANTS TO PRE-KINDERGARTEN AND KINDERGARTEN Confidential Recommendation Form

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				
IS SUPPORTIVE OF PEERS				
IS COMFORTABLE WITH ADULTS				
PLAYS ALONE HAPPILY				
COOPERATES IN PLAY				
SHARES WELL				
INITIATES PLAY ACTIVITIES				
IS IMAGINATIVE				
HAS THE CAPACITY TO LEAD				
HAS THE CAPACITY TO FOLLOW				
USES MATERIALS PURPOSEFULLY				
EXHIBITS APPROPRIATE HUMOR				

COGNITIVE DEVELOPMENT	Exhibits Strength	Age Appropriate	Needs Development	Comments
IS ATTENTIVE				
LISTENS IN A GROUP				
CONTRIBUTES TO GROUP DISCUSSION				
FOLLOWS DISCUSSION				
WORKS COOPERATIVELY				
COMPLETES TASKS				
DEMONSTRATES ABILITY TO FOCUS				
RESPECTS CLASSROOM ROUTINES				
EXPRESSES IDEAS WELL				
MOVES EASILY FROM ONE ACTIVITY TO ANOTHER				
RESPONDS POSITIVELY TO CONSTRUCTIVE CRITICISM				
IS CURIOUS				
IS WILLING TO TRY NEW ACTIVITIES				
IS A SELF STARTER				
ENJOYS NEW CHALLENGES				
EXHIBITS PROBLEM-SOLVING ABILITIES				

PHYSICAL DEVELOPMENT	Exhibits Strength	Age Appropriate	Needs Development	Comments
SMALL MUSCLE CONTROL AND COORDINATION				
LARGE MUSCLE CONTROL AND COORDINATION				
SPEECH DEVELOPMENT				

STUDENT INFORMATION

Please identify and describe any special needs, including auditory and visual development: _____

PLEASE COMMENT ON EACH OF THE FOLLOWING REGARDING THIS CHILD:

Favorite activities: _____

Self image: _____

Child's relationship with parents: _____

In your view, what are the child's particular strengths? _____

Are there any significant weaknesses or problems of which we should be aware? _____

Are parents cooperative and involved with the school? _____

_____ Exceptionally Cooperative _____ Generally Cooperative _____ Rarely Cooperative _____ Rather Disinterested

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
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