



SHAMBHALA SCHOOL
Genuine Delight in Learning

Student Recommendation Form

Student's Name: _____ Teacher's Name: _____

Course(s) recommendation based on

- 1) Briefly describe the overall quality of the student's participation in your class. You may include ranking.

- 2) How much attention does the student require to:
 - i) Maintain good behaviour

 - ii) Stay on task

 - iii) Complete the required work

- 3) Briefly describe the student's relationship/attitude toward:
 - i) Other students

 - ii) The teacher

- 4) Given the student's overall relationship to school, do you feel he/she would make a positive contribution to the school environment?

- 5) Are there any other circumstances that you feel a prospective school or teacher should be aware of?

Please mail or fax this confidential form to the Director of the Shambhala School
5450 Russell Street Halifax, Nova Scotia B3K 1W9
Phone (902) 454-6100 Fax (902) 454-6157
Email director@shambhalschool.org