



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 Email this confidential form to the Director of the Shambhala School
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Phone (902) 454-6100
Email contact@shambhalaschool.org