



Primary Hebrew Teacher Evaluation Form

Name of Student: _____

Current Grade: _____ Number of years at your institution: _____

Subject(s) Taught: _____

Please check the box that most accurately describe this student in the following areas:

	Excellent	Good	Average	Fair	Poor
Reads Loshon Kodesh					
Understands Loshon Kodesh					
Understands language of Gemmora					
Understands shakla v'tarya of Gemmora					
Learns & understands Rashi					
Learns & understands Tosfos					
Social skills / Interaction with peers					
Yiras Shemayim					
General behavior					
Derech erez to staff					
Derech erez to peers					
Participation / involvement in shiurim					
Preparation for tests					
Reviewing B'chavrusa					

Please highlight and describe some of this student's strengths and qualities:



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Please highlight and describe areas in which this student is challenged:

In your opinion, would this student benefit from any special social arrangements or an individualized course of study?

Please let us know if there's anything else you feel we should know in making a determination about this application:

Your Name: _____ Date: _____

Position: _____ School: _____

Phone: _____ Email: _____

Thank you kindly for your time and assistance!

Please email the completed form to Klurman@LECFL.com

If you have any questions or concerns, please contact us by email or call (305) 673-5664 ext. 2