

MESIVTA TORAH VODAATH

425 East 9th Street • Brooklyn NY 11218 • 718-941-8000

MENAHIEL'S REPORT

Please take a few minutes to share your profound understanding of your Talmid.

Upon completion, please email to: bw@torahvodaath.org or fax to: 347-473-7705 or mail to:

Mesivta Torah Vodaath - 425 East Ninth Street - Brooklyn, NY 11218 - Att: Applications.

Thank you so much for your cooperation.

TALMID'S NAME _____ YESHIVA _____

PLEASE EVALUATE THE STUDENT'S PERFORMANCE AND CAPABILITIES IN THE FOLLOWING AREAS
BY PLACING A CHECK IN THE APPROPRIATE BOX:

Below 70	70-80	80-85	85-90	90-95	95-100	
						חשקו ללמוד
						שקידתו ויגיעתו בלימודיו
						הצטיינותו בלימודיו
						כשרונותיו הטבעיות
						בגרותו
						מדותיו ואישיותו
						ייחוסו לקבלת הדרכה
						ייחוסו לעבודת התפלה

- WHAT ARE THE STUDENT'S AREAS OF STRENGTH? _____

- PLEASE ELABORATE ON ANY AREAS WHICH NEED STRENGTHENING _____

- HOW DOES THE STUDENT RELATE & ADHERE TO SCHOOL RULES & EXPECTATIONS?

- TO THE BEST OF YOUR KNOWLEDGE, HAS THIS STUDENT EVER BEEN DIAGNOSED WITH:
LEARNING DISABILITIES? YES _____ NO _____ OR EMOTIONAL ISSUES? YES _____ NO _____
IF YES, IS THE STUDENT CURRENTLY BEING GUIDED BY A PROFESSIONAL? YES _____ NO _____

Menahel's Name _____

Menahel's Signature _____ **Date** _____

Phone _____ **Best time to call** _____

REBBE'S REPORT

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Thank you so much for your cooperation.

TALMID'S NAME _____ YESHIVA _____

PLEASE EVALUATE THE STUDENT'S PERFORMANCE AND CAPABILITIES IN THE FOLLOWING AREAS
BY PLACING A CHECK IN THE APPROPRIATE BOX:

Below 70	70-80	80-85	85-90	90-95	95-100	
						חשקו ללמוד
						שקידתו ויגיעתו בלימודיו
						גמרא – קריאה בפנים
						גמרא – הבנת הענינים
						כשרונותיו הטבעיות
						ייחוסו לחביריו
						יראת שמים
						שמחת החיים
						מדותיו ואישיותו
						ייחוסו לקבלת הדרכה
						ייחוסו לעבודת התפלה

- WHAT ARE THE STUDENT'S AREAS OF STRENGTH? _____

- PLEASE ELABORATE ON ANY AREAS WHICH NEED STRENGTHENING _____

- HOW DOES THE STUDENT RELATE & ADHERE TO CLASSROOM RULES & EXPECTATIONS?

- TO THE BEST OF YOUR KNOWLEDGE, HAS THIS STUDENT EVER BEEN DIAGNOSED WITH:
LEARNING DISABILITIES? YES _____ NO _____ OR EMOTIONAL ISSUES? YES _____ NO _____
IF YES, IS THE STUDENT CURRENTLY BEING GUIDED BY A PROFESSIONAL? YES _____ NO _____

Rebbe's Name _____

Rebbe's Signature _____ Date _____

Phone _____ Best time to call _____

GENERAL STUDIES PRINCIPAL'S REPORT

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Thank you so much for your cooperation.

TALMID'S NAME _____ YESHIVA _____

PLEASE EVALUATE THE STUDENT'S PERFORMANCE AND CAPABILITIES IN THE FOLLOWING AREAS
 BY PLACING A CHECK IN THE APPROPRIATE BOX:

	Outstanding	Very Good	Good	Satisfactory	Needs Improvement	Unsatisfactory
ATTITUDE TOWARD STUDIES						
ACCEPTANCE OF AUTHORITY						
EFFORT						
CLASSROOM CONDUCT						
LEADERSHIP ABILITY						
RELATIONSHIP WITH FACULTY						
RELATIONSHIP WITH PEERS						
MATURITY						
LEVEL OF ACHIEVEMENT						

- WHAT ARE THE STUDENT'S AREAS OF STRENGTH? _____

- PLEASE ELABORATE ON ANY AREAS WHICH NEED STRENGTHENING _____

- HOW DOES THE STUDENT RELATE & ADHERE TO CLASSROOM RULES & EXPECTATIONS?

- TO THE BEST OF YOUR KNOWLEDGE, HAS THIS STUDENT EVER BEEN DIAGNOSED WITH:
 LEARNING DISABILITIES? YES _____ NO _____ OR EMOTIONAL ISSUES? YES _____ NO _____
 IF YES, IS THE STUDENT CURRENTLY BEING GUIDED BY A PROFESSIONAL? YES _____ NO _____

Principal's Name _____

Principal's Signature _____ **Date** _____

Phone _____ **Best time to call** _____