Chabad Hebrew School

Name		

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of week _	
Area of difficulty			
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How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of week _	· · · · · · · · · · · · · · · · · · ·

Chabad Hebrew School

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Chabad Hebrew School

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Chabad Hebrew School

White Champ Review

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Chabad Hebrew School

White Champ Review

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Chabad Hebrew School

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Chabad Hebrew School

White Champ Review

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Chabad Hebrew School

White Champ Review

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Chabad Hebrew School

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Chabad Hebrew School

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Chabad Hebrew School

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Chabad Hebrew School

White Champ Review

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Parent's Signature		Day of w	veek	
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Chabad Hebrew School

White Champ Review

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Parent's Signature		Day of w	veek	
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How well did your child do?	Very well	Well	With difficulty	
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Chabad Hebrew School

White Champ Review

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How well did your child do?

Very well _____ Well ____ With difficulty _____

Parent's Signature

Day of week

Area of difficulty

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Chabad Hebrew School

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Parent's Signature		Day of week _	
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Chabad Hebrew School

White Champ Review

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Chabad Hebrew School

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White Champ Review

Name

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