

**Temple Solel Hebrew School  
Mid-Trimester Report Form**

Year \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Trimester: 1 2 3 (circle)

<b>Student</b>	<u>Issue/Concern</u>
Tuesday/Wednesday	
Recommendation:	

<b>Student</b>	<u>Issue/Concern</u>
Tuesday/Wednesday	
Recommendation:	

<b>Student</b>	<u>Issue/Concern</u>
Tuesday/Wednesday	
Recommendation:	

<b>Student</b>	<u>Issue/Concern</u>
Tuesday/Wednesday	
Recommendation:	

NONE

Signature \_\_\_\_\_