Temple Solel Hebrew School Mid-Trimester Report Form

Year _____

Teacher	Grade	Trimester:	1	2	3 (circle	e)
Student	Issue/Concern					
T 1 / W. /						
Tuesday/Wednesday Recommendation:	<u> </u>					
Recommendation.						
Student	Issue/Concern					***************************************
	1110					
Tuesday/Wednesday						
Recommendation:	*					
Student	Issue/Concern					
Billioni	<u>issue/concern</u>					
Tuesday/Wednesday						
Recommendation:						······
	Y					
Student	Issue/Concern					
Tuesday/Wednesday				•••••••••••••••••	***************************************	
Recommendation:						
NONE	Signature					