Chabad of Scottsdale Hebrew School

Yellow Champ Review

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	
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name _



How well did your child do?	Very well	_ Well	With difficulty
Parent's Signature		Day of wee	:k
Area of difficulty		-	
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How well did your child do?	Very well	_ Well	With difficulty
Parent's Signature		Day of wee	•k

Yellow Aleph

Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name _

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How well did your child do?	Very well	_ Well	_ With difficulty
Parent's Signature		Day of wee	ek
Area of difficulty		_	
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How well did your child do?	Very well	Well	_With difficulty
Parent's Signature		Day of wee	ek

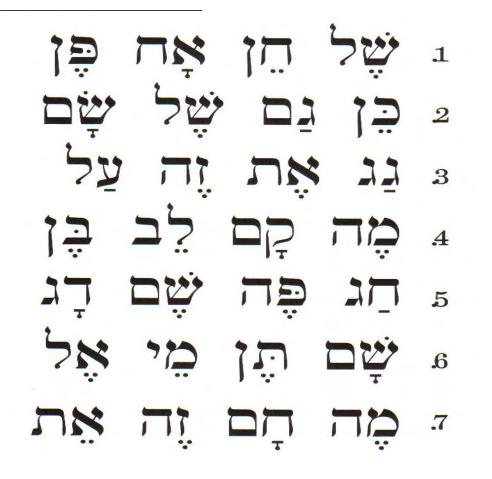
Yellow Aleph

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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name



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

Yellow Aleph

Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

<u>ינר טֹר צֿלָ לָאָ</u>	1
שַׁטֶ וֶדָ פֶגַ עֵשָׁ	2
יָגָ כָמַ חָבָ זַלָ שָׁזַ לָצָ תָכַ חַעָ	3
אָז לָצָ תָכֵ חַעָ	.4
גָּרְ גָרַ אֶרָ פְּמָ	5
כב כּת בה נָק	
څټ تې څخ <i>ٺ</i> ې	.7

How well did your child do?	Very well	Well	_ With difficulty
Parent's Signature		Day of wee	ek
Area of difficulty		_	
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How well did your child do?	Very well	_ Well	_With difficulty
Parent's Signature		Day of wee	ek

Yellow Aleph

Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name



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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

Yellow Aleph

Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name



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

Yellow Aleph

Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

בַּמָּה בַּגַּז פָּרָק	1
הָרָף נָאָה שָׂרָה	
אֶלֶף הָהֵם טְּהָר	
דַיָּן שָׁלָך הַלָּה	.4
בָכֶם שְׁנָה גֶשָׁם	5
מָרָב יָרַד דַקָּה	.6
חַלָּה הַזָּה חָרָשׁ	.7
הַעֵּץ נְוָה שָּׁבַע	8

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	

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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

How well did your child do?	Very well	Well	_ With difficulty
Parent's Signature		Day of wee	ek
Area of difficulty		-	
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How well did your child do?	Very well	_ Well	_With difficulty
Parent's Signature		Day of wee	ek

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Chabad of Scottsdale Hebrew School

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

Yellow Champ Review

Name _

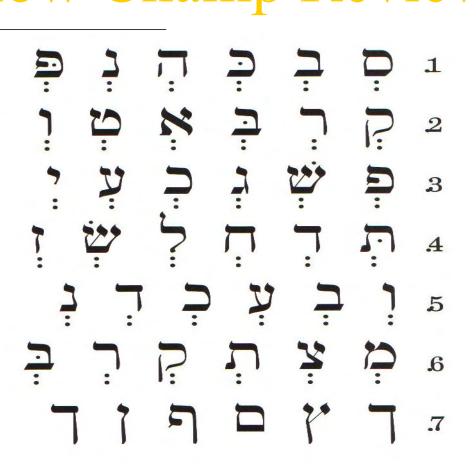


How well did your child do?	Very well	_ Well	_ With difficulty
Parent's Signature		Day of we	ek
Area of difficulty		_	
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How well did your child do?	Very well	_ Well	_ With difficulty
Parent's Signature		Day of we	ek
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Chabad of Scottsdale Hebrew School

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

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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	

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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

פּרַח שָׁלַח וְרָם	1
זְבָח לְבָּן רָאָה	2
כְּדֵי וְאֶת דְבַר	3
בְּמַח וְשֶׁל בְּאָר	.4
רָאָה וְזֶה דְבַר	5
מִצָּא לְבַר שְׁלַח	6.
וְהֵם כְּמֵי שְׁמַע	.7
וְכֵּן שָׁאֵר פְּנֵה	8

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	
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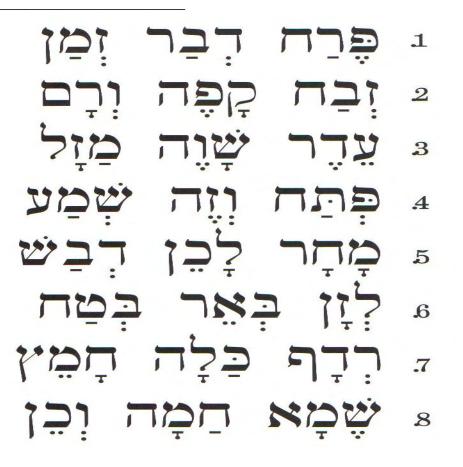
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name

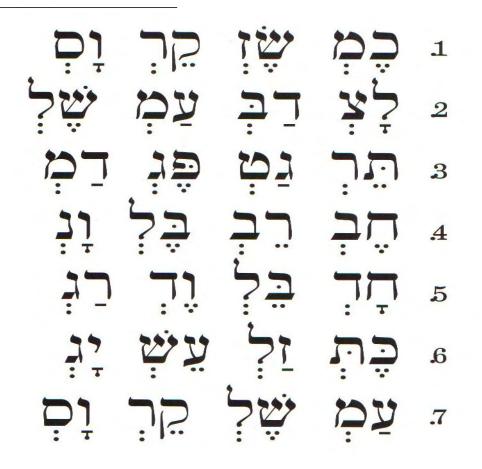


How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	of week	
Area of difficulty				
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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	of week	
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

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Parent's Signature		Day of	f week	
Area of difficulty				
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How well did your child do?	Very well	Well	With difficulty	
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

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אַרְאֵי בְרִבָה	3
קרָאָה שְׁמִצָה	.4
זַמְרָה זַלְמָז	5
עָּשְׂתָה הֵבְרֵל	3 .
פָּקָדָה אֶתְכֶם	.7
זַרְדָה אַשְׁרֵי	8

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	
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Chabad of Scottsdale Hebrew School

Yellow 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 of Scottsdale Hebrew School

Yellow Champ Review

Name ____

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

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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

אַשְׁרֵי רְאֵה	1
וְהַזֶה צְּרָקָה	2
אָתִהא הַמֶּלָד	3
וְהָאֵשׁ שְׁמִעָה	.4
לַכַּלָ זְרָתָה	5
פָּקדָה וָאָת	6.
קִרָאָה הָלְבָה	.7
עֲשְׂתָה רְבַר	8

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	
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	f week	
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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	f week	
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Chabad of Scottsdale Hebrew School

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

Yellow Champ Review

Name ____

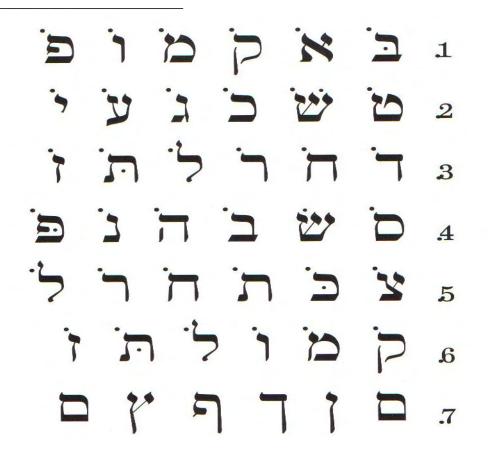
אֹבּר ה	1
וז המיככ	2
ך למםנין ס	3
עכרציץ	.4
קרישי מיתית	5

How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	f week	
Area of difficulty				
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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	f week	
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

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
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Chabad of Scottsdale Hebrew School

Yellow 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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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day of	week	
		Yellow Aleph		

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Chabad of Scottsdale Hebrew School

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הוֹן דוֹד	בוכז -
זום עוף	2 הול
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How well did your child do? Very well Well Well Parent's Signature Area of difficulty	Day of week
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Parent's Signature	Day of week
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

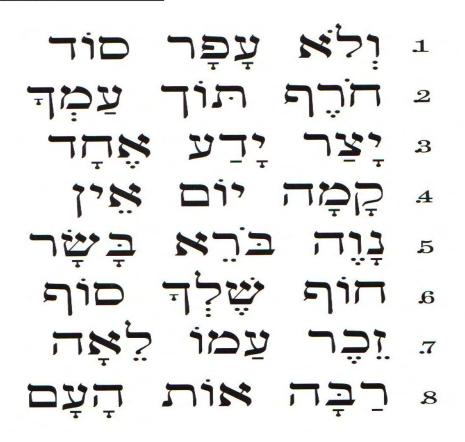
חוף מוב	עמו	1
משה אות	זַכֹּר	2
. חוֹרָף וְלא	מהר	3
אפָן עוד	דוד	.4
רוֹשֶׁך הוֹך	סוד	5
ישמר ולא	לומ	6.
ז יום בְצֹר	בבא	.7
שָׁלוֹ סוֹף	זאת	8

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

Yellow Champ Review

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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	
		Yellow Aleph		

Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name _

עַמִדּ יָיִשִׂם גְזַל	1
קרש כָּבָש חשָר	
אמר הַסַר וָלא	
רְצֹר קָרָא לוֹט	.4
מַמָּשׁ שֶׁלְדָ אָּרָם	5
קטָן מֹשֶׁה זאת	.6
מִדַר זְכֹר כְּבָד	.7
דוד אֹפֶן עוד	8

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	
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

כְּעוֹז בּוֹבֶה	1
אופָה רְבוֹר	2
בְּלוֹז בְּתוֹך	3
הַמְדוֹ אָדוֹם	.4
הַהֹמֹת שָׁשׂוֹן	5
אַלום זוֹבָר	.6
מִפֹאָר תּוֹדָה	.7
קרחו קובא	8

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	
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Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name ____

אָמִרָה רוֹדָה	1
אָבוֹת קָרוֹב	2
לְדוֹר כָּבוֹד	3
סופו לַהַרֹם	.4
עוֹלָם מְבֹרָך	5
יאמר קורא	6.
הַעֹּאָה הוֹרָדָ	.7
מוֹשָׁב שֹׁמֵר	8

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	_
		Yellow Aleph		

Chabad of Scottsdale Hebrew School

Yellow Champ Review

Name

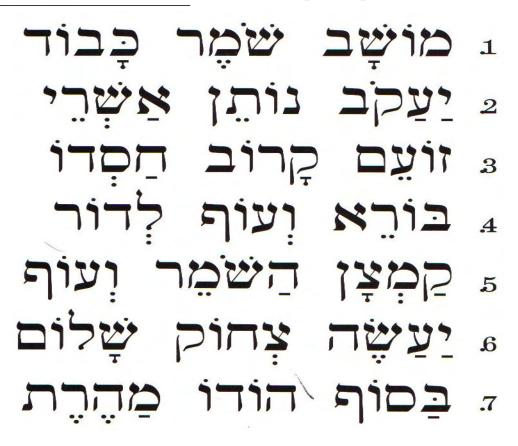
צְרָקָה בַּסוֹף	1	
אַשְׁרֵי כָּבוֹד	2	
לַשֶּׁבֶת הוֹדוֹ	3	
קַבְּצָן דָרוֹם	.4	
סופו הַשָּׂרֶה	5	
שָׁלוֹם שֶׁתְהַא	.6	
אַהֶרֶת וְעוֹף	.7	
הַמֶּלֶך לְדוֹר	8	

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

Yellow Champ **Review** Prepare to pass

Name



How well did your child do?	Very well	_ Well	_With difficulty
Parent's Signature		Day of wee	ek
Area of difficulty		_	
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How well did your child do?	Very well	Well	_With difficulty
Parent's Signature		Day of wee	ek
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