Chabad Hebrew School

Name		PATACH -
	ַנְגָ תַּגָּ מַלָּ בָּכּן בּגָּ תַּגָּ מַלָּ	1
	בֹּל הָתַ יָּב נְּלָ	2
	בֹּג מָבָ לַתַ כָּגָּ	3
	בָּרַ עַבְּ חַנְּ	\boldsymbol{A}
	مُمَ مَن دَمَ دُمُ	5
	בּׁלִּ כַּטְ בָּאָ חַכֵּ	.6
	עב לג חו מל	.7

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of v	week
Area of difficulty			
***********	********	******	************
How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	veek .

Chabad Hebrew School

Name		DATACH =
	בַּכַ מַלָּ מְבָ לַמַ	
	בּוֹב מַבְ לַנִּ חַנָּ	2
	בּגָ לַהָ בָאַ הָבַ	3
	֓֞֝֞֝֞֝֞֞֞֞֓֓֞֞֞֞֓֓֓֞֞֞֓֓֓֞֝֞֓֓֓֓֓֓֓֓֓֓	4
	בֹּיָ מְבָ לַתַ בְגָּ	5
	עָרַ צַּהָ לַמַ נַּםְ	.6
	בֿלַ מַנַ נַבַ לָּכֹ	.7

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	reek
Area of difficulty			
***********	*******	******	************
How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	reek

Chabad Hebrew School

Name		PATACH -
	מַפָּׁע יָרַר עֹלָע	1
		2
	הַבַת עַתָּה שַּׁבָּת	3
	שַבר בבי אַבר	4
	פֿען עָבָע נָבָע	5
	فُرًا لَهُم مُرَد	ß
	בַנֵּן לָמַר אָרָם	.7

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	reek
Area of difficulty			
************	*******	******	***********
How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	reek

Chabad Hebrew School

Name		PATACH -
	רָמַם חַמָּח יָרַע	1
	فَرَهِ لَأُد هُمَّالً	2
	פֿלב גַּבַר נָאַל	3
	וֹנָם תַּעַף פֿנָם	4
	בֿיבֿי מְ מָער כּיָר	
	מֹזַל נַעַק הָנַף	6
	אחר הזן כַלָה	.7

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

Chabad Hebrew School

Orange Champ Review

Name				PATACH -
	ָד וָנְ	בַּיָּ	خُلاد	1
8	ז אַב	12.	בַּיָּן דַ	2
זבָה		ŻĶ	ئۈھ	3
٦		020	ユゔュ	4
זַבר		•	ロ ゴ ゴ 炭	5
ַזַל.	j dř	7	جُذِر	6
ָבַר <u>ָ</u>	ור צ	717	אָרָם	.7
How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day	of week	
Area of difficulty				
********	*******	******	*********	*****
How well did your child do?	Very well	Well	With difficulty	

Parent's Signature ___

__ Day of week _____

Chabad Hebrew School

Orange Champ Review

Name_____TZEIREI.



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

Chabad Hebrew School

Name			_			TZE	IREI
	1	ו ו		ت	<u>:</u>	8	1
		Ö	> 2	י ל	7 7	1	2
	Ö	בו			5	7	3
	~	, Ż	ר	Ü	<u></u>	נג	4
			***	7.4.4			-

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	/eek
Area of difficulty			
***********	********	******	***********
How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	veek

Chabad Hebrew School

Name				Т	ZEIREI .
以	ڌ ڌ	227	Ü	7	1
	ב כ		Ü	>	2
; ב	לַ ד	\Box	Ö	×	3
	7 22	Ž,	Ü	Ë	\boldsymbol{A}
		Ü	$\; \ \Box$		5
	<u>ت</u> ت	_]	5	7	.6
	7 =	ר	7	7	.7
How well did your child do?	Very well	Well	Wi	th difficult	у
Parent's Signature		Day o	of week		
Area of difficulty					
**********	*******	******	******	******	******
How well did your child do?	Very well	Well	Wi	th difficult	у
Parent's Signature		Day o	of week		

Chabad Hebrew School

Name			_	TZE	IREI.
	جُرھ	לֵב	حار	מים	1
	なな	ゴ於		TĐ	2
		ַזְל דָ	خار ذ	バス	3
		מישיש	~ D	レゴ	4
	יַב	נם	JŌ	עץ	5
	לֵב	בָּם		71	6.
	73	דג	עץ	以び	.7

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	veek
Area of difficulty			
***********	********	*******	***************
How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	veek

T7FIRFI

Aleph Champ Home Work

Chabad Hebrew School

Orange Champ Review

Name

- 54	<u> </u>	564			
	7		μż	<u>] </u>	1
	ב ב	לֵב	בַם	בוף	2
	ג ב	<u> </u>	ניי	八名	3
בר		<u>*</u>	J.K.	ځا	4
	8	ÅΠ	ココ	זר	5
-	עד	חָם		77	6.
	רָם	はい		۲۲	.7
How well did your child do?	Very wel	II W	/ell	_ With difficulty	/
Parent's Signature			Day of week		
Area of difficulty					

____ Day of week _____

How well did your child do? Very well _____ Well ____ With difficulty _____

Parent's Signature _____

Chabad Hebrew School

Name	A		S		ΓΖΕΙRΕΙ .
	ڎؚؿ	ΪŻ	<u>~</u>]	خُظ	1
		تات		ڞڒ	2
	ָבָיַ		ق ق		3
	35	ڗٙڗ	ۺڂ	בׄתב	4
	בָב	びに	مُنظ	בא	5
	יִנְ	ŘΒ̈́	סַל	ŢŢ	6.
	צר	רש	וה	なび	.7

How well did your child do?	Very well	Well	With difficulty	_
Parent's Signature		Day of v	veek	
Area of difficulty				
************	*******	*******	***************	*
How well did your child do?	Very well	Well	With difficulty	_
Parent's Signature		Day of v	veek	

Chabad Hebrew School

Name		ZEIREI
	בות פֿרת עמת	1
	יָרַר כָּבֵר עַנֵּה	2
	מֹאָה מַפָּׁר הַנֵּר	3
	בֿבּר בֿמֹץ בוֹלָנו	4
	עַתָּה שַּבָּת קַרֵשׁ	5
	עַבת בָבך וָנֵר	6
	עית אבד לכז	7

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	veek
Area of difficulty			
***********	*******	*******	***************
How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	veek

Chabad Hebrew School

Name	וֹכוֹ לַבִּמְ הַבַּת	TZEIREI . 1
	פַתץ יָשֵׁם הַרָּג	2
	וָרָח לֵאָה מְתַר	
	מֹגָה מֵּגָה אָמֵן	\boldsymbol{A}
	לָמַר אֵין אָרָם	5
	הַשָּׁם הָגֵץ הָהֵם	a
	שַׁבֵן שֵׁעַה בֵין	.7

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

Chabad Hebrew School

Orange Champ Review

Name

Parent's Signature ____

יובֿע		ist s	1
בַּרָג	יַשׁב	פֿעיץ	2
ı Zå⊑	וְרָת י	がほど	3
אַבְר	تِغْد	άţα	4
אין	לָמַד	בֿיבֹם	5
רָגץ	لنشِط	בית	.6
שִׁעָה	څردر	جُلتر	.7
How well did your child do? Ver	y well Well _	With difficulty	,
Parent's Signature	Day	y of week	
Area of difficulty			
**************	********	********	******
How well did your child do? Ver	y well Well	With difficulty	,

____ Day of week ____

TZEIREI.

Aleph Champ Home Work

Chabad Hebrew School

Orange Champ Review

Name_

Parent's Signature ___

ַאַלָּה <u>ו</u>	נ בְיּי	שַׁבָּר	1
•	עיבי	רָמָה	N 2
	עַגָּלָ	בֿלרָת	<u></u>
	רישׁיב	בְרָה	
זר	רַכְּיֵי	בָבָה	5
٦,	حَرير	גֿנָע	.6
7	でなび	ئڅر	.7
How well did your child do?	Very well	Well	_With difficulty
Parent's Signature		Day of week	
Area of difficulty			*********
How well did your child do?	Very well	Well	_ With difficulty

__ Day of week ___

Chabad Hebrew School

Name	Prepare to pass
בַנַן בִין יָאֵר	1
לִבוֹלְ זָכֹל	2
בֿיל שֿפֿא פֿרַב	3
וֹגְּוֹ בִׁמְׁלְ בַפֹּּ	4
וֹלֶר פֹּנָת הַמֵּץ.	5
רַבִם זַרָה אַבְל	.6
עין חָבָם שָׁמַר	.7

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	veek
Area of difficulty			
***********	********	*******	***************
How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day of w	veek