Chabad Hebrew School

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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 _	

Chabad Hebrew School

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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

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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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3. יכחךלבכ

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5. חלגך כלה

6. לךדבבלו

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

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Chabad Hebrew School

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