



REBBE LEARNING QUESTIONNAIRE

Confidential



Dear Rebbe,

Your Talmid has applied to Camp Mogen Avraham for the upcoming summer. Please complete this confidential questionnaire candidly, in order to help us determine your Talmid's learning needs and suitability for our camp program.

Please fax this form back to 516-368-3715. No cover required.

Thank you in advance for your assistance.

Rabbi Elimelech Chanales
Program Director

Camper's First Name: _____

Last Name: _____

Yeshiva: _____

Yeshiva's City/State: _____

Yeshiva's Phone #: _____

Current Grade: Hebrew _____ English _____

Please check off what your Talmid is learning:

___ Gemara

___ Gemara and Rashi

___ Gemara, Rishonim & Achronim

Please mark each field below as follows: 5 = Excellent ➡ 1 = Poor

Learning abilities: _____

Respect for authority: _____

Ability to get along with peers: _____

Please write a short comment regarding this Talmid's overall performance in class.

Rebbe's Name: _____

Telephone #: _____

Rebbe's Signature: _____

Cell #: _____