Chabad Hebrew School

## Yellow Champ Review

Name			
	עַגִּטְר	אַמַרָתָּ	1
	بأبأ	בֿלַר	2
		ڠڒڹؙؠ	3
		تَظٰذِھ	4
	ָּ בְּלָנֵה <u>ה</u>	•	5
		אַנישֵיי	.6
	אַשְׁרֵי	ּבְּהַבְּה	.7

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

Chabad Hebrew School

## Yellow Champ Review

Name		
	בְּמַח לְבָבוֹ	1
	شنئر جنتئب	2
	בַרָבַשׁ וָאָהַב	3
	אַבָרָך לְבָבֶּר	4
		5
	יִדַלַל יִזַבֶּר	.6
	קבבים ונימר	.7

Be sure to check out our Chabad Hebrew School photos on our website www.chabadhebrewschool.us

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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		1		
Area of difficulty		<del></del>		
**********	*******	*******	*********	******
How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	f week	

Chabad Hebrew School

# Yellow Champ Review

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אַשִּׁרֵי רָאָה	1
וֹבוֹנֶע אָבֹלֶעי	2
אָתְהא הַמֶּלֶּרְ	3
וָהָאֵשׁ שְּׁמְעָה	4
לַלַבָּא זָלַבָּה	5
בּלבר וֹאָע	6
בּלֹבֹאָם בַּלְּכָה	.7
בְבַר דְבַר	8

How well did your child do?	Very well	Well	With difficulty
Parent's Signature		1	
Area of difficulty			
***********	******	******	************
How well did your child do?	Very well	Well	With difficulty
Parent's Signature		Day o	of week

Chabad Hebrew School

## Yellow Champ Review

Name	
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	ב במי קב
	צּ אֶּתְכֶּם קּ
ارْك	בְּרָה שָׁ
	ב ללבע פֿ
	ם עָבְרָה שְּׁ
	ב לאָר חָלְּי
78	א שלה כר

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

Chabad Hebrew School

## Yellow Champ Review

Name \_\_\_\_\_

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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature				
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	

Chabad Hebrew School

### Yellow Champ Review

Name



How well did your child do?	Very well	Well	With difficulty	
Parent's Signature				
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	

Chabad Hebrew School

## Yellow Champ Review

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

Chabad Hebrew School

# Yellow Champ Review

Name					
	دس	دډ	לְמ	حَخ	1
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			בק.		
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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		1		
Area of difficulty		<del></del>		
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How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	f week	

Chabad Hebrew School

## Yellow Champ Review

Name				
	דוד	דורך	כומ	1
	עוֹף	זוֹם	חול	2
	Eir	קול	כוד	3
	מוש	עוד	בוך	4
	פוֹן	コーゼ	בוז	5
			רום	
	תוד	צוך	תול	.7
	קוץ	סוֹף	בוט	8

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

Chabad Hebrew School

# Yellow Champ Review

Name		
	עמו חוף מוב	1
	זְכֹר מִשֶּׁה אוֹת	2
	מִבור חנר ולא	3
	דוד אֹפֶן עוד	4
	סור חשר תוך	5
	לום שמר ולא	.6
	ברא יום נצר	.7
	זאת שלו סוף	8

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

Chabad Hebrew School

### Yellow Champ Review

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لاث	2
יָצַר	3
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בָּנֶת	
ĬÇΓ	.7
	לַבְּי יָצַר

How well did your child do?	Very well	Well	With difficulty	
Parent's Signature			<del>-</del>	
Area of difficulty				
**********	******	******	**********	******
How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day c	f week	

Chabad Hebrew School

# Yellow Champ Review

Name	
עַמְד יָשֵׁם גְוַל	1
קבש בנש השך	2
מָמר חָסַר וְלֹא	
נְצֹר כְרָא לוֹט	
تَاثِم هُٰذِك هٰذَه	
בומו מאות זאת	6.
מבר זכר לבר	7
רור אֹפֶן עור	8

How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		1		
Area of difficulty		<del></del>		
**********	*******	*******	*********	******
How well did your child do?	Very well	Well	With difficulty	
Parent's Signature		Day o	f week	

Chabad Hebrew School

# Yellow Champ Review

Vame		
	בונה בונה	1
	אוֹפֶה כְבוֹד	2
	בְּלוֹן בְתוֹך	3
	חַקרוֹ אָרוֹם	4
	תְהמת שָּׁשׂוֹן	5
	שָׁלוֹם זוֹבֵר	6.
	מְפֹאָר תוֹדָה	.7
	בלבתו פונא	8

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

Chabad Hebrew School

## Yellow Champ Review

Name			

ז אָמִרָה דוֹדְה אבות קרוב לדור בְבוּד מופו לַהַדם עוֹלָם מְבֹרָך געוֹלָם מְבֹרָך מיאמר קוֹרָא הוֹדְדְּ מוֹשָׁב שֹמֵר מֹרָא מוֹשָׁב שֹמֵר אַנִרּא

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

Chabad Hebrew School

# Yellow Champ Review

Name		
	אָדָקָה בַּסוֹף	
	אַשְׁרֵי כְבוֹד	
	לַשֶּׁבֶת הוֹדוֹ	3
	קַבְּצָן דָרוֹם	4
	סופו הַשְּׂרֶה	
	שָׁלוֹם שֶׁתְהַא	8
	בַּהֶרֶת וְעוֹף	.7
	המלד לדור	8

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

Chabad Hebrew School

## Yellow Champ Review

Name	Prepare to pa	Prepare to pass			
	שָב שֹׁמֶר כְבוֹד	מולל.	1		
	וֹב נוֹתוֹ אַשְּׁרֵי	יַעַכ.	2		
	ם לרוד דלבו				
	יא וְעוֹף לְדוֹר				
	אָן הַשִּׁמֵר וְעוֹף				
	שָׁה אָחוֹק שָׁלוֹם				
	וֹף יהוֹדוֹ מַהֶרֶת	בַם	.7		

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