B.H.

SELF EVALUATION FORM

APPLICATION SEMINARY CHAYA MUSHKA, TZEFAT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SELF EVALUATION - GRADE YOURSELF 1-5 (**5 IS EXCELLENT- CIRCLE ONE NUMBER**):**

**SKILLS:**

1. How much do you enjoy learning? 1 2 3 4 5
2. Rate your ability to read and translate Hebrew Text: 1 2 3 4 5
3. Rate your ability to read and translate Rashi and other Commentators: 1 2 3 4 5
4. Rate your personal interest in sharpening your textual skills: 1 2 3 4 5
5. Rate your Classroom Participation: 1 2 3 4 5
6. Rate your ability to sit through an entire class (1 hour): 1 2 3 4 5
7. Rate your ability to sit through entire classes for an entire day: 1 2 3 4 5
8. How much independent study do you do? 1 2 3 4 5

**CHASSIDISHKEIT:**

1. What does the Rebbe mean to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How is the Rebbe part of your daily life?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you dress tzniusly at all times? YES NO SOMETIMES TRYING TO IMPROVE
4. Do you keep up with your daily chitas? YES NO SOMETIMES TRYING TO IMPROVE
5. Do you keep up with your daily Rambam? YES NO SOMETIMES TRYING TO IMPROVE
6. Do you go on weekly mivsoyim? YES NO SOMETIMES TRYING TO IMPROVE
7. Do you have a Mashpia? YES NO

**SOCIAL:**

1. Do you enjoy being around other people from different cultures?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How much do you contribute in a social setting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Write down any special talents that you have\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. In which areas do you contribute to your local Jewish Community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GROWTH:**

List 3 strengths that you have:

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List 3 areas that you want to grow in:

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