

# Temple Beth Elohim

## *Judaic Studies and Hebrew School*

### *Satisfaction Survey*

The Board of Education would like your feedback so that we can better meet your expectations for your child's religious education. Please complete the survey below for each child that participates in our Judaic Studies or Hebrew School. It is important that we receive your responses by **June 10<sup>th</sup>**. Please note: We are using multiple means to collect your feedback. You only need to respond once. Thank you.

Grade as of 9/07: \_\_\_\_\_ Child's Name (optional) \_\_\_\_\_

1. How well is your child learning about Jewish and religious values?

Not Well      Very Well

2. How well is your child learning Hebrew?

Not Well      Very Well

3. Would you prefer Hebrew and Judaic studies instruction during the week versus a Sunday?

Yes  No

4. What changes would you like to see to the school calendar?

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5. How eager is your child to come to Hebrew School?

Not      Very

If Not, why?

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6. How eager is your child to come to Judaic Studies?

Not      Very

If Not, why?

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7. How do you feel about the Judaic Studies/Hebrew education your child is receiving?

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8. Do you feel your child is/will be ready for their Bar/Bat Mitzvah?

Yes  No

If No, why not?

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9. What suggestions do you have for the Judaic Studies/Hebrew School?

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I would like a member of the Board of Education to contact me.

Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Evening Telephone Number: \_\_\_\_\_

Please e-mail your completed survey to [school-survey@templebethelohim.org](mailto:school-survey@templebethelohim.org) or mail to:

Temple Beth Elohim (attn: School Survey)

31 Mt. Ebo Road North

Brewster, NY 10509

Thank you, Board of Education