

# YESHIVAS BEIS DOVID SHLOMO ♦ ישיבת בית דוד שלמה

Phone: (203) 776-9237

Fax: (203) 773-9237

P.O. Box 26005 - West Haven, CT 06516 \* Email: ybds@ybdsNewHaven.org

**Mesivta - 5787 / 2026-2027**

## **TEACHER ASSESSMENT**

Dear Rabbi שיחי,

Please fill in the information below and return it to Yeshiva so that we can process the application form.

Name of Rabbi: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ (Best time to call : \_\_\_\_\_)

Evening phone: \_\_\_\_\_ (Best time to call : \_\_\_\_\_)

Name of Student: \_\_\_\_\_

Select the description which best describes the applicant:

His level in גמרא places him in the class:

- At the top
- Above average
- Average
- Below average

He is respectful to his teachers and principals:

- Always
- Most of the time
- Some of the time

He is diligent with his studies:

- Always
- Most of the time
- Some of the time

He is respectful to his peers:

- Always
- Most of the time
- Some of the time

He completes his work and assignments:

- Always
- Most of the time
- Some of the time

He gets along with his peers:

- Always
- Most of the time
- Some of the time

He conducts himself as befitting a Yeshiva student:

- Always
- Most of the time
- Some of the time

The Mesivta program requires a student to spend time learning independently and/or reviewing with a Chavrusah. Please assess the applicant's ability to learn for extended periods with a Chavrusah:

He is:

- Very capable and will fit right in
- Capable, but will have a brief period of adjustment
- Capable but will have a very difficult period of adjustment
- At present not capable.

Thank you for being so helpful. This information will be treated as confidential. If we are in need of further information, we will call the numbers you have provided.