

**Temple Beth Sholom Hebrew School**  
**32 Park Avenue**  
**Park Ridge NJ 07656**

Summer 2009

Dear Parents,

Temple Beth Sholom is committed to providing each student with the opportunity to reach his or her potential within our Hebrew School.

If your child has any learning or physical issues that might impact in the classroom, please fill in the form below and return it to the Hebrew School office. Remember that even though Hebrew School is not Public School, your child is still in a classroom environment; if we are aware of anything that could impact your child's learning experience we can work with you to make that experience a positive one.

I would like to meet with you to discuss how we can help your child succeed in our school, and, to ensure the best possible experience for your child, I will arrange a meeting with your child's Hebrew School teacher(s) once school begins. **Even if you have previously told the school about your child, please use this form as an update for us.** All information will be kept confidential. The only people apart from me who will be privy to the information will be Rabbi Friedman and the teachers your child will come into contact with.

Sheila Toffell  
Hebrew School Principal

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➤ **If your child does not have any learning or medical issues you do not need to fill this in or return it.**

Name of student \_\_\_\_\_ Grade \_\_\_\_\_

Description of issue \_\_\_\_\_

\_\_\_\_\_

I would like to meet with you. Please contact me at Tel #: \_\_\_\_\_

Email: \_\_\_\_\_ to arrange a time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

