

IKAR Bar/Bat Mitzvah Shabbat Service Observation Form

We missed you this past Shabbat at IKAR! Please fill out this form so we can hear about your experience!

Name _____ Date _____

1. Where was the Bar/Bat Mitzvah you attended?

Name of Rabbi _____

Name of Synagogue _____

Location _____

2. What was the Torah portion read?

3. What was the main theme of the Torah portion?

4. What was the main point of the d'var Torah?

5. What did you learn from your experience this past Shabbat?

6. What is something interesting that you never noticed before?

7. Additional comments:

Parent Signature _____

This form is due completed on the Tuesday immediately following the service attended.