

Temple Beth David

# Stars Confirmation Program Tracking Form

Student's Name \_\_\_\_\_

Please write on additional pages if more room is needed

Number of Hours      Number of TBD Stars      Adult's or Supervisor's Initials

Date	Project	Time	Number of Hours	Number of TBD Stars	Adult's or Supervisor's Initials
		to			
What I learned; How this affected me:					
		to			
What I learned; How this affected me:					
		to			
What I learned; How this affected me:					
		to			
What I learned; How this affected me:					
		to			
What I learned; How this affected me:					
		to			
What I learned; How this affected me:					
		to			
What I learned; How this affected me:					
		to			
What I learned; How this affected me:					
		to			
What I learned; How this affected me:					

Please give this form to Rabbi Berry at the end of each semester (December and May)