

## B'NEI MITZVAH INTAKE FORM

Click inside the grey boxes to type, or print to fill out by hand.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A. Synagogue Information	
Synagogue:	Bar/Bat-Mitzvah Date:
If your child doesn't have a Bar/Bat-Mitzvah date yet, approximately when do you anticipate the Bar/Bat-Mitzvah taking place?	
If you do not currently belong to a synagogue, do you hope to join one before your child's Bar-Bat-Mitzvah? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If you do not plan to become members of a synagogue before your child's Bar/Bat-Mitzvah, where do you envision the ceremony taking place? Who do you anticipate will officiate?	

B. Family Information	
What role does Judaism play in your family's/child's life?	
Does anybody in the family identify with a faith tradition other than Judaism? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
Describe each parent's ability to read Hebrew	
<b>Parent 1:</b> <input type="checkbox"/> None <input type="checkbox"/> Knows all of the letters and vowels <input type="checkbox"/> Can slowly sound out simple words <input type="checkbox"/> Intermediate reader <input type="checkbox"/> Fluent reader	<b>Parent 2:</b> <input type="checkbox"/> None <input type="checkbox"/> Knows all of the letters and vowels <input type="checkbox"/> Can slowly sound out simple words <input type="checkbox"/> Intermediate reader <input type="checkbox"/> Fluent Reader
Describe each parent's familiarity with the prayers of the Shabbat morning service	
<b>Parent 1:</b> <input type="checkbox"/> Not at all familiar <input type="checkbox"/> Recognizes some of the tunes and words <input type="checkbox"/> Can read/sing along with some of the prayers <input type="checkbox"/> Can read/sing along with most of the prayers <input type="checkbox"/> Can lead a Shabbat morning service	<b>Parent 2:</b> <input type="checkbox"/> Not at all familiar <input type="checkbox"/> Recognizes some of the tunes and words <input type="checkbox"/> Can read/sing along with some of the prayers <input type="checkbox"/> Can read/sing along with most of the prayers <input type="checkbox"/> Can lead a Shabbat morning service

Describe each parent's ability to read/chant Torah

<b>Parent 1:</b> <input type="checkbox"/> None <input type="checkbox"/> Could learn to read/chant with a recording <input type="checkbox"/> Is able to read/chant with some help <input type="checkbox"/> Can read/chant Torah independently	<b>Parent 2:</b> <input type="checkbox"/> None <input type="checkbox"/> Could learn to read/chant with a recording <input type="checkbox"/> Is able to read/chant with some help <input type="checkbox"/> Can read/chant Torah independently
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Does your family/child:

	Never	Infrequently	Sometimes	Often	Always
Celebrate Shabbat at home on Friday nights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celebrate Havdalah (the ceremony ending Shabbat) at home on Saturday nights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend synagogue on Shabbat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe other Jewish holidays, either at home or in synagogue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in social programs offered by your synagogue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in Jewish organizations outside of your synagogue (Jewish day schools, the JCC, social service organizations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in the religious observances of a faith tradition other than Judaism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else we should know about your family?

**C. Vision**

1. Do you have a vision for what your child's Bar/Bat-Mitzvah will be like?

I have a clear vision about what my child's Bar/Bat-Mitzvah will be

I have some ideas about what my child's Bar/Bat-Mitzvah will be like, but I have some things to figure out

I have no idea what my child's Bar/Bat-Mitzvah will be like yet

*(optional)* Describe your current vision for your child's Bar/Bat-Mitzvah

2. How important is it to you that your child do the following in preparation for a Bar/Bat-Mitzvah:					
	Not important	A little important	Somewhat important	Very important	Of the highest importance
Become comfortable in our synagogue building and sanctuary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form relationships with members of our synagogue's clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form friendships with B'nei-Mitzvah classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(if applicable) Participate in my synagogue's pre-B'nei-Mitzvah programming for teens and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn about the meaning of a Bar/Bat-Mitzvah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn about the basics of Judaism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn about the meaning of his/her Torah portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete a mitzvah project (a charity or social action project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn to decode Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn to sing prayers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn to read prayers in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn to chant a Torah portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compose a speech/d'var Torah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(optional)</i> Is there anything else you hope that your child learns during this process that is not listed above?					

3. How important is it to you that your child do the following on the day of the Bar/Bat-Mitzvah:					
	Not important	A little important	Somewhat important	Very important	Of the highest importance
Have a Bar/Bat-Mitzvah in our synagogue building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit on the bimah (the raised platform at the front of the sanctuary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a kippah (a traditional headcovering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a tallit (a prayer shawl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry the Torah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recite some of the Hebrew prayers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recite most of the Hebrew prayers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chant a Torah portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read directly from the Torah scroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recite Haftarah (an excerpt from the Book of Prophets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliver a speech/d'var Torah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(optional)</i> Is there anything else you hope that your child will do on the day of the Bar/Bat-Mitzvah that is not listed above?					

4. Realistically, I believe that my spouse or I will be able to practice Hebrew and prayers with our child for twenty minutes \_\_\_\_\_ times per week

5. How comfortable do you feel helping your child to practice reading Hebrew and reciting prayers at home?

- Not at all comfortable     Somewhat comfortable     Comfortable     Very comfortable

(optional) Is there anything that Gateways staff can do to help you feel more confident in working with your child at home?

6. My top priority for my child's learning experience during the B'nei-Mitzvah preparation process is that he/she:

- Is pushed to learn quickly so he/she is able to do as much as possible during the Bar/Bat-Mitzvah  
 Is challenge to learn, but is allowed to do so at his/her own pace  
 Is allowed to learn at a relaxed pace to avoid any extra stress, even if it means leading fewer prayers or chanting less Torah  
 Not sure

7. If it appears that my child might not be ready for the Bar/Bat-Mitzvah in time, I would rather:

- Change my expectations about how much my child will do for the Bar/Bat-Mitzvah  
 Change the date of my child's Bar/Bat-Mitzvah to allow for more time to learn  
 Not sure

8. What days and times do you think your child would be at his/her best for a Bar/Bat-Mitzvah?

- |                                                        |                                                                                                                                               |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Saturday morning              | <input type="checkbox"/> Sunday morning or afternoon during Rosh Hodesh (the celebration for a new month that occasionally falls on a Sunday) |
| <input type="checkbox"/> Saturday evening (Havdalah)   | <input type="checkbox"/> Wednesday afternoon at Gateways                                                                                      |
| <input type="checkbox"/> Monday morning or afternoon   | <input type="checkbox"/> Not sure                                                                                                             |
| <input type="checkbox"/> Thursday morning or afternoon |                                                                                                                                               |

9. In what setting do you think your child would be comfortable for the Bar/Bat-Mitzvah?

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Large sanctuary | <input type="checkbox"/> Hotel ballroom    |
| <input type="checkbox"/> Small chapel    | <input type="checkbox"/> School auditorium |
| <input type="checkbox"/> Social hall     | <input type="checkbox"/> Our home          |
| <input type="checkbox"/> Classroom       | <input type="checkbox"/> Other: _____      |

10. I think that my child's Bar/Bat-Mitzvah should last approximately

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 15 minutes | <input type="checkbox"/> 1 hour      |
| <input type="checkbox"/> 30 minutes | <input type="checkbox"/> 1-1/2 hours |
| <input type="checkbox"/> 45 minutes | <input type="checkbox"/> Not sure    |

11. *(if temple members)* I think that the regular Bar/Bat-Mitzvah service at our synagogue:

- Is just right for my child
- Will work well for my child with slight modifications
- Will require substantial modifications to work for my child
- Won't work for my child; we should build a custom service around my child's needs and preferences
- There is no such thing a 'regular' Bar/Bat-Mitzvah service at my synagogue; it's customized for each child
- Not sure

*(optional)* Describe the modifications to your synagogue's regular service that you believe your child may need:

12. *(if temple members)* I believe that the clergy at my synagogue:

- Will be open to making whatever modification to the Bar/Bat-Mitzvah service my child needs
- Will be open to making certain modifications to the service, but not others
- Will not allow us to modify the regular Bar/Bat-Mitzvah service
- Not sure

13. What, if anything, are you concerned about regarding your child's Bar/Bat-Mitzvah?

14. What support do you think you may need from Gateways during the process of preparing for the Bar/Bat-Mitzvah?

### C. Educational Needs

*(for families new to Gateways)* Has your child received a Jewish education? If so, where? For how many years?

What is your child's educational diagnosis?

Describe your child's current ability to read English

What kind of reading program does your child use in school?

- |                                           |                                       |
|-------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Phonics/decoding | <input type="checkbox"/> Not sure     |
| <input type="checkbox"/> Sight words      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> None             |                                       |

Describe your child's current ability to read Hebrew

- |                                                                         |                                                            |
|-------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> None                                           | <input type="checkbox"/> Can blend letter and vowel sounds |
| <input type="checkbox"/> Has seen Hebrew letters                        | <input type="checkbox"/> Can read single-syllable words    |
| <input type="checkbox"/> Can identify the sounds of some letters/vowels | <input type="checkbox"/> Can read multi-syllable words     |
| <input type="checkbox"/> Can identify the sounds of all letters/vowels  | <input type="checkbox"/> Can read fluently                 |

Does your child currently use a behavior plan or token system at home or in school? *If so, please describe and/or attach a copy:*

Are there any additional supports that you think we should put in place for your child during B'nei-Mitzvah classes?

Is there anything else we should know about your child's educational, social, or behavioral needs?

**D. (optional) Additional Comments**

What do you hope that the outcome of this Bar/Bat-Mitzvah will be for your child, your family, and/or your synagogue?

Is there any other information that you would like us to know?

Do you have any questions that you would like to ask?