

Adat Shalom
Rabbi Feedback Form
CONFIDENTIAL

In order to protect the sanctity of Shabbat, we will not be collecting this form on Shabbat. We ask that you complete this form after Shabbat and return it or fax to the synagogue office after Shabbat.

Rabbi's Name _____

Type of contact you had (Please circle one or more responses)

Service Sermon Q and A Personal chat Other

If "Other" please specify _____

Please circle the extent to which you agree or disagree with the following assessment

This Rabbi is suitable to lead our congregation

Strongly disagree Disagree Neutral Agree Strongly agree

What are this Rabbi's strengths? _____

What if any concerns did you have about this Rabbi?

Any other feedback about this Rabbi?

(Use the reverse of page for any additional comments)

Please complete within one week of the *Shabbaton*

Please submit this form to the office, attention Rabbi Search committee OR hand the form to Michael Gabai OR fax to the Adat Shalom Office at 310 474 4975