



Academic Foundation *for* International Cultural Exchange

7242 La Jolla Blvd, La Jolla, CA 92037
Telephone: (858) 455-0302 Fax: (858) 455-0335

STUDENT CONTACT SHEET

for the month of SEPTEMBER (due by Oct. 1)

Student Name _____ Community Rep Name _____

Host Family Name _____ Date of Contact _____

Nationality/State _____ By Phone or In Person _____

Date and time of your post-arrival orientation meeting for your students _____

1. Did the student attend the orientation meeting? _____ If not, what other arrangements have been made to ensure that an orientation takes place? _____

2. Have you had a one-on-one meeting with the student? _____ Comments: _____

3. How does the student feel about his/her new family? _____

4. How does the student feel about their new school? _____

5. Is the student adjusting well in the US? _____

6. How is the student's English? _____ Does the student need a tutor at this point? _____
(If yes, contact your Area Coordinator to discuss the details)

7. Was the student's SLEP score (if given with their application) an accurate assessment of the student's English ability, or does the test need to be re-administered in the US? _____

8. Has the student been informed of any upcoming local AFICE activities or trips? _____
_____ Is the student planning on attending? _____

General Comments: _____

Signature of Community Representative _____

Date Submitted _____

***Community Representative must send this form to the AFICE National Office by the date indicated above.*



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HOST FAMILY CONTACT SHEET

for the month of SEPTEMBER (due by Oct. 1)

Host Family Name _____ Community Rep Name _____

Student Name _____ Date of Contact _____

Nationality/State _____ By Phone or In Person _____

1. Did the Host Family attend the Post Arrival Orientation meeting? _____ If not, what other arrangements have been made to ensure that an orientation takes place? _____

2. Did you have a one on one meeting with Host Family? _____ General Comments: _____

3. Did you speak with at least one host parent regarding their student's adjustment so far? _____

4. Have there been any problems the family would like to discuss? _____ If yes, please specify: _____

5. Does the family have any questions for you? (Specifically relating to student insurance, AFICE rules, etc.) _____

6. Did you inform the host family of upcoming local AFICE activities and trips? _____

General Comments: _____

Signature of Community Representative _____

Date Submitted _____

***Community Representative must send this form to the AFICE National Office by the date indicated above.*