



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 FEBRUARY (due by Feb 15)

Student Name _____ Community Rep Name _____

Host Family Name _____ Date of Contact _____

Nationality/State _____ By Phone or In Person _____

***Remind the student that there is no unchaperoned travel at spring break or any other time. Visits to relatives or friends of natural family may be permitted at Spring break but must follow procedures and have AFICE permission. STUDENTS MAY NOT VISIT OTHER STUDENTS OUTSIDE OF OWN STATE.*

1. Is the student happy with the student/family relationship? _____ If not, please explain: _____

2. How is the student/host sibling relationship progressing? _____

3. Is the student happy with the student/Community Representative relationship? _____ If not, please explain: _____

4. Has the student made any American friends? _____ How? _____

5. What activities or clubs is the student involved in? _____

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 **FEBRUARY** (due by Feb 15)

Host Family Name _____ Community Rep Name _____

Student Name _____ Date of Contact _____

Nationality/State _____ By Phone or In Person _____

***Remind the host family that the student cannot travel unchaperoned at spring break or any other time. Visits to relatives or friends of natural family may be permitted at Spring break but must follow procedures and have AFICE permission. STUDENTS MAY NOT VISIT OTHER STUDENTS OUTSIDE OF OWN STATE.*

1. Is the host family happy with the student/host family relationship? _____ If not, please explain: _____

2. How does the host parents feel that the student/host sibling relationship is progressing? _____

3. Is the host family happy with the family/Community Representative relationship? _____ If not, please explain: _____

4. If the student has any American friends, has the host parents met them? _____

5. Has the student been making an effort to join host family activities? _____

General Comments: _____

Signature of Community Representative _____ Date Submitted _____

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SCHOOL CONTACT SHEET

for the month of FEBRUARY (due by Feb 15)

School Name _____ Community Rep Name _____

Person Contacted _____ Date of Contact _____

Student Name _____ By Phone or In Person _____

Nationality/State _____

1. Is the school happy with the student? _____ If not, please explain: _____

2. Is the school happy with the school/Community Representative relationship? _____

3. Does the student attend and/or participate in school activities? _____

4. Is the school pleased with the student's progress? _____

5. Is the student expressing any academic problems? _____

6. Are there any counseling issues that need to be addressed? _____

Signature of Community Representative _____ Date Submitted _____

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