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# Academic Foundation *for* International Cultural Exchange

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

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## STUDENT CONTACT SHEET

**for the month of MARCH (due by Apr. 1)**

Student Name \_\_\_\_\_ Community Rep Name \_\_\_\_\_

Host Family Name \_\_\_\_\_ Date of Contact \_\_\_\_\_

Nationality/State \_\_\_\_\_ By Phone or In Person \_\_\_\_\_

*\*\*This is a good time to remind the students to pack up extra non-essentials and send them home.*

1. Has the student's spring break plans been finalized? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have all the necessary permission forms been turned into the AFICE National Office?  
\_\_\_\_\_  
\_\_\_\_\_

3. Are things different in the US than the student imagined them to be? \_\_\_\_\_ How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the student spoken to any school or community group during the year about their exchange experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the student feel like a member of the host family instead of a guest? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 MARCH (due by Apr. 1)**

Host Family Name \_\_\_\_\_ Community Rep Name \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Contact \_\_\_\_\_

Nationality/State \_\_\_\_\_ By Phone or In Person \_\_\_\_\_

1. Have you noticed a change in your student from when they first arrived in the US? \_\_\_\_\_ If yes, how so? \_\_\_\_\_

2. Does the family consider the student as a member of their family instead of a guest? \_\_\_\_\_

3. If the student has spring break plans without the family, how do they feel about this? \_\_\_\_\_

4. Has the host parents experienced any problems with the student's telephone and/or computer usage? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

5. Would the family be interested in hosting again next year? \_\_\_\_\_

General Comments: \_\_\_\_\_

Signature of Community Representative \_\_\_\_\_

Date Submitted \_\_\_\_\_

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