



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 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.*