



Academic Foundation *for* International Cultural Exchange

Office of the President

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

HOST FAMILY REFERENCE FORM AT LEAST 2 REFERENCES PER HOST FAMILY NEEDED

Student's Name: _____ Country: _____

Prospective Host Family: _____ Rep: _____

Name of Reference #1: _____ Phone#: _____

How long and in what capacity have you known this family? _____

Visited this family in their home? _____ How Often? _____ Do you feel the Is home well kept? _____

Do you feel this family is capable of providing a comfortable and nurturing home environment? _____

Have you observed them interacting with their own children? _____ With other people's children? _____

Would you be willing to entrust your own child to this family as an exchange student? _____

If not, please explain: _____

Do you feel the family has adequate financial resources to undertake hosting an exchange student? _____

Is there any reason this family should not host an exchange student? _____

Would you recommend this family to host an AFICE exchange student? _____ Provide written reference if needed? _____

Any other comments: _____

Person Spoken to: _____ Date: _____

Name of Reference #2: _____ Phone#: _____

How long and in what capacity have you known this family? _____

Visited this family in their home? _____ How Often? _____ Do you feel the Is home well kept? _____

Do you feel this family is capable of providing a comfortable and nurturing home environment? _____

Have you observed them interacting with their own children? _____ With other people's children? _____

Would you be willing to entrust your own child to this family as an exchange student? _____

If not, please explain: _____

Do you feel the family has adequate financial resources to undertake hosting an exchange student? _____

Is there any reason this family should not host an exchange student? _____

Would you recommend this family to host an AFICE exchange student? _____ Provide written reference if needed? _____

Any other comments: _____

Person Spoken to: _____ Date: _____

Interviewed by: _____ Date: _____

To be completed by Community Representative. Please write or print legibly and use the reverse side of the paper for additional comments if needed. After you have completed the required amount of references for the potential host family, send the originals to the AFICE National Office at the above address keeping a copy for your records. No placement is complete until the National Office receives the required amount of references for each family.