



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 **OCTOBER** (due by **Oct 15**)

Student Name _____ Community Rep Name _____

Host Family Name _____ Date of Contact _____

Nationality/State _____ By Phone or In Person _____

1. When was/is your Halloween/Fall party? _____ Did/Will the student attend? _____

2. Is the student getting along with his/her host siblings? _____ Any problems? _____

3. Is the student getting along with his/her host parents? _____ Any problems? _____

4. Is the student having any problems in school? _____ If yes, please explain: _____

5. If the student had any English difficulties, how is he/she progressing? _____

6. How is your relationship with your student progressing? _____

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 OCTOBER (due by Oct 15)

Host Family Name _____ Community Rep Name _____

Student Name _____ Date of Contact _____

Nationality/State _____ By Phone or In Person _____

1. Did the host parents express interests in attending your Halloween/Fall party with their student? _____

2. Are the host parents satisfied with the student's acceptance of household rules and duties? _____ If not, please explain: _____

3. Are the host parents getting along with the student? _____ Any problems? _____

4. Do the host parents feel that the student is making an effort to fit into their family? _____

5. Is the contact with friends from home and natural family reasonable? _____

6. Are the host parents aware of any problems the student is having at school? _____

General Comments: _____

Signature of Community Representative _____ Date Submitted _____

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SCHOOL CONTACT SHEET

for the month of OCTOBER (due by Oct 15)

School Name _____ Community Rep Name _____

Person Contacted _____ Date of Contact _____

Student Name _____ By Phone or In Person _____

Nationality/State _____

1. Is the student having any academic problems? _____ If yes, please explain: _____

2. How is the student's English? _____ Do you foresee any problems? _____

3. How is the student's attitude towards faculty, other students, etc.? _____

4. Is the student making an effort to fit in at school? _____

5. Has the student joined any school clubs or activities? _____

6. Does the school official have any questions? _____

7. Does the school official have any concerns regarding this student's ability to be successful? _____

General Comments: _____

Signature of Community Representative _____ Date Submitted _____

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