



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 Mar 15)

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. What plans does the student have for Spring Break? _____

2. If the student is traveling without the host family, have all the necessary permission forms been turned into the AFICE National Office? _____

3. How is the student's relationship with the Community Representative? _____

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

5. How often does the student use the family's telephone and/or computer? _____

-- If too frequent, have you discussed with the student that they should be following the rules set by the host parents? _____

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 Mar 15)

Host Family Name _____ Community Rep Name _____

Student Name _____ Date of Contact _____

Nationality/State _____ By Phone or In Person _____

1. Have you talked to the host siblings to see how the relationship is progressing from THEIR view? _____

2. Has the student discussed with host family of any Spring break plans? _____

3. How is the host family's relationship with the Community Representative? _____

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

5. Have you discussed with the host family about the possibility of hosting 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.*