



# 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 MAY (due by May 15)**

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

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

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

*\*\*If the student is departing in the month of May, the June Contact Sheet must still be completed as it discusses the final days of the student's stay in the USA. Note: Sometime towards the end of April, the AFICE National office will be sending each student an Evaluation Form to complete and return.*

1. Have plans been made for the student to attend a Re-Entry meeting or at the end of year meeting? \_\_\_\_\_ Please describe and give date: \_\_\_\_\_

2. Has the student attended any school dances (Senior Prom, Spring Formal, etc.)? \_\_\_\_\_

3. Has the student received return travel information? \_\_\_\_\_ If yes, is it the same information you received? \_\_\_\_\_

What is the student's return date? \_\_\_\_\_  
(Remember to remind the student that this date cannot be changed without the involvement and approval of the AFICE National Office)

4. Has the student started preparing for their departure? \_\_\_\_\_ Has the student gathered names and addresses of their new American friends? \_\_\_\_\_

5. Has the student made arrangements with their host family to stay in contact after their exchange year ends? \_\_\_\_\_

6. How is the student feeling about their year coming to an end? \_\_\_\_\_

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 MAY (due by May 15)**

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

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

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

*\*\*Note: Sometime towards the end of April, the AFICE National Office will be sending each Host Family an Evaluation Form to complete and return.*

1. Has the host family been invited to attend a Re-Entry Meeting or end of the year meeting? \_\_\_\_\_

2. How is the host family feeling about this experience and its affects on their family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the host family received their student's return travel information? \_\_\_\_\_ Are they happy with this date? \_\_\_\_\_

(Remember to remind the host family that this date cannot be changed without the involvement and approval of AFICE National Office).

4. Does the host family have anything special planned before their student leaves? \_\_\_\_\_  
\_\_\_\_\_

5. How is the host family feeling about their student's time with them coming to an end? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Community Representative \_\_\_\_\_ Date Submitted \_\_\_\_\_

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