

6. I think that my host sibling would say that I ... (check those that apply)
- | | |
|--|---|
| <input type="checkbox"/> am interested in learning about his or her culture. | <input type="checkbox"/> share my own culture with him or her. |
| <input type="checkbox"/> speak enough English with him or her. | <input type="checkbox"/> communicate my concerns to him or her as they arise instead of keeping them to myself. |
| <input type="checkbox"/> try to help him or her meet new people. | <input type="checkbox"/> other |
| <input type="checkbox"/> am patient with him or her. | |
7. To help make this a good experience for my host sibling, I try to...
8. To help make this a good experience for me and my family I wish my host sibling would try to...
9. My family has discussed the Participant Host Family Questionnaire with my host sibling.
10. My family's liaison's name is:
- Yes
- No
11. My liaison's name is _____
12. My Liaison has contacted my family the following number of times since the program began
- 0 times
- 1 time
- 2 times
- 3 or more times
- I don't know
13. My family has contacted my liaison the following number of times since I arrived:
- 0 times
- 1 time
- 2 times
- 3 or more times
- I don't know

Statement of Understanding

I understand that at any time I can speak privately with my liaison or my Chapter or Area Team Support Coordinator.

Optional: I would like to speak with _____ or another volunteer privately today.

Participant Signature