



Confidential Placement Summary

Important for Hosting Committees: This form is **NOT** to be shown to the host family and/or the student as it contains confidential information.
 AFS-USA staff and volunteers: Please provide additional information on a separate piece of paper if you wish.

| Section 1. Basic Information | | | |
|------------------------------|-----|------------|-------------|
| <input type="checkbox"/> | Mr. | First Name | Middle Name |
| <input type="checkbox"/> | Ms. | | Last Name |
| Home Country | | | |

| Section 2. Environmental Information (Check the boxes that best describe the student's area of residence) | |
|---|--|
| What is the description of the city/town: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Small Town <input type="checkbox"/> Rural | Name of closest large city: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| What is the neighborhood socio-economic level: <input type="checkbox"/> Upper <input type="checkbox"/> Middle <input type="checkbox"/> Lower | Distance to the closest large city: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| | Population of closest large city: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

| Section 3. Home Environment | |
|--|---|
| Education of parents: <input type="checkbox"/> Some secondary school <input type="checkbox"/> Completed secondary school <input type="checkbox"/> College <input type="checkbox"/> Graduate level | Who lives at home? <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Comment on any situation within the family which is important to know for placement purposes (e.g. if this is a single parent home, please talk about the child's other parent and the relationship.) <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |

| Section 4. Family Communication/Interests (check all that apply) | | | |
|--|---|--|---|
| <input type="checkbox"/> Mother-dominant | <input type="checkbox"/> Quiet | <input type="checkbox"/> TV-centered | <input type="checkbox"/> other(s) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| <input type="checkbox"/> Permissive | <input type="checkbox"/> Religious | <input type="checkbox"/> Demonstrative | |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Individual pursuits | <input type="checkbox"/> Traditional | What are the family's shared activities? |
| <input type="checkbox"/> Sports-oriented | <input type="checkbox"/> Shared parental responsibility | <input type="checkbox"/> Formal | <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| <input type="checkbox"/> Community-oriented | <input type="checkbox"/> Children independent | <input type="checkbox"/> Career-oriented | |
| <input type="checkbox"/> Father-dominant | <input type="checkbox"/> Casual | <input type="checkbox"/> Undemonstrative | |
| <input type="checkbox"/> Strict | <input type="checkbox"/> Education valued | <input type="checkbox"/> Protective | |
| <input type="checkbox"/> Protective | <input type="checkbox"/> Busy | <input type="checkbox"/> Arts | |



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Section 1. Basic Information

| | | | |
|------------------------------|------------|-------------|-----------|
| <input type="checkbox"/> Mr. | First Name | Middle Name | Last Name |
| <input type="checkbox"/> Ms. | | | |

Home Country

Section 2. Student's Personality

Comment on the student's attitude towards school:

What are the student's main activities and how many times a week are they pursued?

Please check all that apply:

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Introverted | <input type="checkbox"/> Flexible | <input type="checkbox"/> Organized | <input type="checkbox"/> Individual pursuits | <input type="checkbox"/> Eager to please |
| <input type="checkbox"/> Studious | <input type="checkbox"/> Shy | <input type="checkbox"/> Early to bed | <input type="checkbox"/> Follower | <input type="checkbox"/> Dancer |
| <input type="checkbox"/> Loner | <input type="checkbox"/> Late night person | <input type="checkbox"/> Leader | <input type="checkbox"/> Service oriented | <input type="checkbox"/> Other(s) |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Moody | <input type="checkbox"/> Computer interests | <input type="checkbox"/> Religious | |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Independent | <input type="checkbox"/> Reader | <input type="checkbox"/> Humorous | |
| <input type="checkbox"/> Group oriented | <input type="checkbox"/> Artistic | <input type="checkbox"/> Adventurous | <input type="checkbox"/> Quiet | |
| <input type="checkbox"/> Musical | <input type="checkbox"/> Fun-loving | <input type="checkbox"/> Noisy | <input type="checkbox"/> Listener | |
| <input type="checkbox"/> Extroverted | <input type="checkbox"/> Easy to please | <input type="checkbox"/> Untidy | <input type="checkbox"/> Group activities | |

Section 3. Placement

Please check all that apply to student restrictions:

- | | | | |
|----------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Dietary | <input type="checkbox"/> Medical/allergies | <input type="checkbox"/> Smoking | <input type="checkbox"/> Religious access |
|----------------------------------|--|----------------------------------|---|

Where a box has been checked please provide additional details:

Yes No

Do the volunteers in your area recommend this student for an AFS Program?

Was an in-home interview conducted with the student and family?

If No, please include type (Phone, Skype, In-person): _____

Date of Interview: _____

Other comments:

Volunteer Email Address _____ Phone _____

Volunteer Printed Name _____ Signature _____ Date _____