

## Who, When, Where

When was the contact made?



Who made the contact?



Who was contacted?

- Participant
- Host Family
- School

How was contact made?

- In-Home Visit
- In-Person
- Telephone

AFS USA Support Staff and the local Support Coordinator will ONLY be notified of poor and very poor ratings and responses that may require staff involvement.

## Host Family

### Student Well-Being

Student Health (Note doctor visits, medications taken: prescribed and over the counter)?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Comments



Academic performance/study habits?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Comments

Contact with family and friends back home (time spent and impact observed)?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Comments

## Host Family Experience

Relationship between family members and student?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Comments

Hosting experience, meeting expectations?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Comments

Any changes in the family situation that impact the hosting experience (host family planning to relocate, host parent separation, change in health of a host family member)?

- Yes
- No

Comments

## Overall

Have host family members experienced any behaviors on the part of the student that have made them uncomfortable or confused? [Learn more](#)

- Yes
- No

Comments

Please share any host family highlights of the month. [Suggested Topics](#)

Host family's general rating?

- Excellent
- Good
- Fair
- Poor
- Very Poor

## Important Changes or Needs

Has the family's primary telephone number changed?

- Yes
- No

Comments

Any upcoming activities that may require AFS approval (travel, activity waiver, visits)?

Learn more about [Travel Guidelines](#) and [Activity Waivers](#)

- Yes
- No

Comments

Is everyone currently living in the home included in the list at the top of this form?

- Yes
- No

Comments **If "No", please indicate the person's full legal name, date of birth, and e-mail address. If you currently do not have this information, please be sure to contact Support Staff as soon as you obtain it.**

Are there plans for anyone 17 or older to move into the home/has anyone 17 or older moved into the home? [Learn more](#)

- Yes
- No

Comments **If "Yes", please indicate the person's full legal name, date of birth, and e-mail address. If you currently do not have this information, please be sure to contact Support Staff as soon as you obtain it (preferably at least a few weeks prior to the person moving into the house).**

Are volunteers currently considering an unexpected/support related move for this participant? [Learn more](#)

- Yes
- No

Comments **If "Yes", please comment on the circumstances that may lead to a move.**

Cancel

Submit

If you have concerns about the safety of a participant due to inappropriate behavior (on the part of the host family, student or volunteer), allegations of sexually inappropriate comments, behavior and/or physical contact, quality of the home, medical emergency, police involvement, etc. please contact the 24 hour AFS Participant Support Line immediately at (800) AFS-INFO and dial 9 when prompted.