



Mid-Stay Orientation Check-In Sheet

Name: _____ Home Country: _____

1. I feel good because I am now able to...

2. One thing that I can continue to do to help keep myself healthy and safe while on the AFS program is...

3. One thing I can do in the future to help keep myself healthy and safe while on the AFS program is...

4. The checked items below are a challenge for me now:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Language | <input type="checkbox"/> Food/diet | <input type="checkbox"/> Computer use | <input type="checkbox"/> Homework |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Money | <input type="checkbox"/> Boy/girl friend | <input type="checkbox"/> School courses |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Telephone use | <input type="checkbox"/> American customs | |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> No friends | <input type="checkbox"/> A host family member | |

Please list here any other challenges you are having:

5. I need help with schoolwork:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> every day | <input type="checkbox"/> 2-3 times a week |
| <input type="checkbox"/> once a week | <input type="checkbox"/> never |

6. My grades at school are

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Average |
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor |

7. I have become closest to my:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> host mom | <input type="checkbox"/> host sister |
| <input type="checkbox"/> host dad | <input type="checkbox"/> host brother |

8. The checked words/phrases best describe the way I feel in my host family now: (Check all that apply.)

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> fantastic | <input type="checkbox"/> sometimes comfortable, | <input type="checkbox"/> like a guest | <input type="checkbox"/> There is always |
| <input type="checkbox"/> not sure yet | <input type="checkbox"/> sometimes | <input type="checkbox"/> I spend a lot of time in | <input type="checkbox"/> someone around |
| <input type="checkbox"/> lonely | <input type="checkbox"/> uncomfortable | <input type="checkbox"/> my room | <input type="checkbox"/> I don't understand what |
| <input type="checkbox"/> helpful | <input type="checkbox"/> like a family member | <input type="checkbox"/> Family members are | <input type="checkbox"/> is happening in the |
| <input type="checkbox"/> busy | <input type="checkbox"/> comfortable | <input type="checkbox"/> always busy. I am alone | <input type="checkbox"/> family most of the time |
| <input type="checkbox"/> bored | | <input type="checkbox"/> a lot. | |
| | | <input type="checkbox"/> not comfortable | |

Please list here any other feelings about your host family:

9. To help make this a good experience for my host family, I try to...

10. I think that my host family would say that I (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> seem interested in learning about US culture | <input type="checkbox"/> contact home too often | <input type="checkbox"/> stay alone and don't seem interested in family activities | <input type="checkbox"/> work hard to speak and understand English |
| <input type="checkbox"/> keep my room clean | <input type="checkbox"/> share my culture with them | <input type="checkbox"/> sleep very late | <input type="checkbox"/> don't listen to advice |
| <input type="checkbox"/> have to be asked to help | <input type="checkbox"/> participate in family activities | <input type="checkbox"/> study every night | <input type="checkbox"/> Need help managing my screen time |
| <input type="checkbox"/> complain often | <input type="checkbox"/> am willing to try new foods | <input type="checkbox"/> often offer to help | <input type="checkbox"/> want everything to be my way |
| <input type="checkbox"/> don't do my schoolwork as I should | <input type="checkbox"/> want to be the center of attention | <input type="checkbox"/> seem homesick | |
| | | <input type="checkbox"/> am a good sister/brother in the family | |

Please write here any other things that you think your host family would say about you:

11a) I contact my natural family (by e-mail, text, or phone)

- | | |
|---------------------------------|---|
| <input type="checkbox"/> daily | <input type="checkbox"/> every other week |
| <input type="checkbox"/> weekly | <input type="checkbox"/> monthly |

11b) My natural family contacts me (by e-mail, text, or phone)

- | | |
|---------------------------------|---|
| <input type="checkbox"/> daily | <input type="checkbox"/> every other week |
| <input type="checkbox"/> weekly | <input type="checkbox"/> monthly |

12. I have participated in the following activities with others since Post-Arrival Orientation:

13. One cultural difference I have noticed between me and a host family member is...

14. My liaison's name is _____

15. I have been in contact with my liaison the following number of times since the Post-Arrival Orientation:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 3 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 4 or more times |
| <input type="checkbox"/> 2 times | |

16. I would feel comfortable talking to my liaison about a problem.

- Yes
 No

If you would like to discuss an issue in private with a volunteer, check the box below and indicate which volunteer you would like to speak with, if any. This will be anonymous.

YES, I would like to speak with _____ or another AFS Volunteer privately.

My signature _____