Who, When, Where	
When was the contact made?	
When was the contact made:	
Who made the contact?	
	1
Who was contacted?	
□ Participant	
<ul><li>☑ Host Family</li><li>☐ School</li></ul>	
□ School	
How was contact made?	
<ul><li>☐ In-Person</li><li>☐ Telephone</li></ul>	
— тетернопе	
For this in-home visit to be considered compliant, the Volunteer who conducts the in-hostic cannot be the Volunteer who interviewed the host family.	ome
AFS USA Support Staff and the local Support Coordinator will ONLY be notified of poor very poor ratings and responses that may require staff involvement.	and
Participant	
Student Well-Being	
Student's feelings/emotional state?	
o Excellent	
o Good	
o Fair	
o Poor	
o Very Poor	
Comments	
	1

Reaching out (making friends, joining groups, participation in the community)?
o Excellent
o Good
o Fair
o Poor
○ Very Poor
Comments
Communication per guidelines with Natural Family and friends back home?
o Excellent
○ Good
○ Fair
o Poor
○ Very Poor
Comments
Relationship to Host Family
Relationship with host parents?
o Excellent
∘ Good
o Fair
o Poor
○ Very Poor
Comments

Relationship with host siblings?
○ Excellent
○ Good
○ Fair
o Poor
○ Very Poor
○ N/A
Comments
Student adapting to the family rules and life style?
○ Excellent
○ Good
○ Fair
○ Poor
○ Very Poor
Comments
School
School, as the student sees it?
o Excellent
○ Good
○ Fair
o Poor
○ Very Poor

Comments

Overall
Has the student experienced any behaviors at school or at home that have made him or her uncomfortable or confused? Learn more $\circ$ Yes
○ No
Comments
Please share any student highlights of the month. Suggested Topics
Student's general rating?
○ Excellent
○ Good
○ Fair
o Poor
○ Very Poor
Host Family
Student Well-Being
Student Health (Note doctor visits, medications taken: prescribed and over the counter)?  • Excellent  • Good
○ Fair

o Poor

○ Very Poor	
Comments	
Contact with family and friends back home (time spent and impact observed)?	)
<ul><li>Excellent</li></ul>	
○ Good	
○ Fair	
○ Poor	
○ Very Poor	
Comments	
Host Family Experience	
Relationship between family members and student?	
○ Excellent	
○ Good	
○ Fair	
o Poor	
○ Very Poor	
Comments	

## Home Environment

## Bedroom

Does the student's bedroom match the bedroom pictured in the family's application?

o Yes

○ No
Comments
Rate the participant's bedroom.
○ Excellent
○ Good
○ Fair
○ Poor
○ Very Poor
Comments
Does the participant share the bedroom with more than one person?
∘ Yes
○ No
Comments
Does the participant share the bedroom with anyone of the opposite sex?
∘ Yes
∘ No
Comments

Does the participant's bedroom contain a window or a door that leads directly to the exterior of the home and that would provide adequate exit in the event of a fire or other emergency?

○ Yes	
○ No	
Comments	
	//
Bathroom	
Rate the participant's bathroom.	
o Excellent	
○ Good	
○ Fair	
○ Poor	
○ Very Poor	
Comments	
	//
Study Space	
Rate the participant's study space.	
○ Excellent	
○ Good	
○ Fair	
○ Poor	
○ Very Poor	
Comments	

## **Common Area**

∘ No
○ N/A
Comments
Any upcoming activities that may require AFS approval (travel, activity waiver, visits)?
Learn more about <u>Travel Guidelines</u> and <u>Activity Waivers</u>
∘ 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

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).

o No

Does the host family home remain a suitable placement for an exchange student?  • Yes
∘ No
Comments
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.
Has the participant moved to a new Host Family (Non-Event) since the last contact? If so, please comment on the student's well-being and adjustment in their new placement. • Yes
o No
Comments
Is there anything regarding this placement that requires staff attention at this time?
∘ Yes
○ No
Comments

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.