

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.