

TIES OF		
U.S. Exchange Stu	ident Survey	
Thank you for helpi	ng us!	
In order for us to better support you, please answer all of the questions in the survey.		
OMB Approval Number: xxxx-xxxx Expires: xx-xx-xxxx Estimated Burden: 15 minutes SV2012-10		
* 1. Please fill in th	e information about yourself below. (mandatory)	
Name:		
Email Address:		
2. What is your hos	t country?	
City/Town:		
Country:		
3. Other Information	n	
Host family Surname (if applicable):		
Name of Local Coordinator/Resident Director:		
4. Choose the prog	ram you are sponsored by.	
Yes Abroad		
C CBYX		

O NSLI-Y

# 5. What is the name of your Placement Organization?

ACES

~	AFS Intercultural Programs	
0	American Councils	
0	ASSE - Give e.V.	
0	CIEE - Experiment e.V	
0	FLAG - Partnership International	
0	YFU-Germany	
0	APSA	
0	University of Delaware	
0	Russian American Foundation	
0	Amideast	
0	iEARN	
0	Legacy International	
0	Other	
If O	Other (please specify)	
	I am comfortable talking with my hos concern.	t family, and they help me whenever I have a problem
0	Agree	
0	Neither Agree or Disagree	
0	Disagree	
0	Not Applicable	
Ple	ease explain your answer	
7. I	I communicate with my placement or	ganization's local representative.
0	Less often than once per month	
0	Once per month	
	More often than once per month	

	nave a good relationship with my local representative, and I receive adequate support him/her.
	Agree
	Neither agree or disagree
	Disagree
	se explain your answer
0	am adapting well to my school and new friends.  Agree  Neither Agree or Disagree
$\odot$	Disagree
	nossess omergency phone numbers for my local representative, the national office of
my p	possess emergency phone numbers for my local representative, the national office of placement agency, my health insurance provider, and the US Embassy or Consulate in lost country. I know how to get emergency help if I need it.
0	Yes
$\circ$	No

Please explain your answer	
11. Do you have any specific	concerns about your placement, health, safety or well-being?
Yes	
O No	
Please explain your answer	
12. If you have a concern and	would you like for someone from the Department of State -
_	ontact you, please provide the best method and time to contact
you, and your email address of	or telephone number.
o via email	
via telephone	
Comment	
13. How long did it take you to	o complete this survey?

ECA Exchange Student Survey

Paperwork Reduction Act Statement:

The information solicited on this survey is requested pursuant to the Government Performance and Results Act of 1993 (P.L. 103-62) and the Mutual Educational and Cultural Exchange Act of 1961, as amended, also known as the Fulbright-Hays Act (22 U.S.C. 2451 et seq.).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: ECA/PE/C/PY, SA-5, U.S. Department of State, Washington, DC, 20037.

## Acronyms:

ACES - American Cultural Exchange Service

AFS - AFS Intercultural Programs

Amideast - America and Mideast Educational and Training Services

APSA - Americans Providing Study Abroad

ASSE - International Student Exchange Programs

CIEE - Council on International Educational Exchange

FLAG - Foreign Links Around the Globe

iEarn - International Education and Resource Network

YFU-USA - Youth for Understanding USA

CBYX - Congress Bundestag Youth Exchange

NSLI-Y - National Security Language Initiative for Youth

YES - Kennedy Lugar Youth Exchange and Study

### **Privacy Act Statement**

AUTHORITIES: The information is sought pursuant to the Mutual Educational and Cultural Exchange Act of 1961, as amended (also known as the Fulbright-Hays Act) (22 U.S.C. 2451 et seq.).

PURPOSE: The information solicited on this survey is necessary to determine the safety and well-being of high school exchange students on U.S. Department of State-sponsored programs outside of the United States. The results of the survey will be used to determine if the students require additional assistance or have questions that they need answered. The information furnished may also be used to ask additional follow-up questions relating to the answers provided.

ROUTINE USES: The information on this survey helps to effectively administer Department of Statesponsored exchanges for U.S. high school students, including the ability to review complaints about the programs. The information will not be shared outside the Department of State unless there is an issue regarding a respondent's safety or well-being, or sharing is required by legal authorities. In these cases the Department may share the information with a respondent's Placement Organization and possibly the natural family. The information provided may also be released to federal, state, local, or foreign government entities for law enforcement purposes. More information on the Routine Uses for the system can be found in System of Records Notice, State-08, Educational and Cultural Exchange Program Records.

DISCLOSURE: Providing this information is voluntary.

Done

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