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| **Exchange Student Survey** |

Thank you for helping us!

In order for us to better support you, please answer all of the questions in the survey.   
  
OMB Approval Number: 1405-0210  
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SV2012-0007

Top of Form

**1. The following demographic information is optional, however, if you would like someone to contact you or would like to share your experiences, please provide the following information.**

Name:

Address:

City/Town:

State:                   

ZIP:

Home country

Email Address:

Phone Number:

**2. Other Information**

Host family Surname:

Name of Local Coordinator:

**3. Please choose the program you are sponsored by.**

FLEX

CBYX

ASMYLE

YES

**4. What is the name of your Placement Organization?**

ACES

AFS

American Councils

ASSE/World Heritage

AYA/AIFS

Ayusa

CCI

CIEE

FLAG

IRIS

Northwest Services

PAX

States 4-H

STS Foundation

World Learning

World Link

YFU-USA

Other

If Other (please specify)

**5. Please tell us about your host family experience so far. Are there any concerns you would like to share with us?**



**6. Do you communicate with your local coordinator regularly and does s/he help you if you have any problems.**



**7. How is school going?**



**8. I possess emergency phone numbers for my local representative, the national office of my placement agency, my health insurance provider, and the Department of State. I know how to get emergency help if I need it.**

Yes

No

Please explain your answer

**9. Do you have any specific concerns about your placement, health, safety or well-being?**

Yes

No

Please explain your answer

**10. Do you have a concern and would you like for someone from the Department of State - Youth Programs Division to contact you? If so, please provide the best method and time to contact you and your email address or telephone number.**

No, I am fine

Yes, please contact me

Comment

**11. How long did it take you to complete the survey in minutes?**

