

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

Expires: 06-30-2016

Estimated Burden: 15 minutes

SV2012-0007

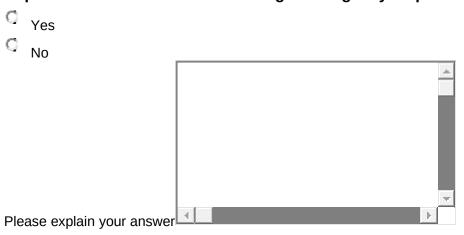
1. The following demographic information is optional, however, if you would like someone to contact you or would like to share your experiences, please provide the following information.

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.
C FLEX
C _{CBYX}
C ASMYLE

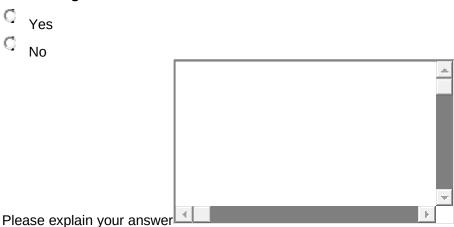
C YES
4. What is the name of your Placement Organization?
ACES
C AFS
American Councils
ASSE/World Heritage
AYA/AIFS
Ayusa
CCI CCI
CIEE
FLAG
© IRIS
Northwest Services
PAX
States 4-H
STS Foundation
World Learning
World Link
YFU-USA
Other
If Other (please specify)
5. Please tell us about your host family experience so far. Are there any concerns
you would like to share with us?
4 D
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.



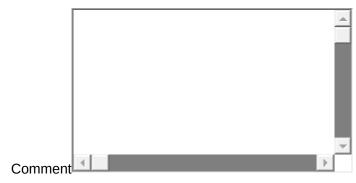
9. Do you have any specific concerns about your placement, health, safety or well-being?



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



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