



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.

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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



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