

HOST FAMILY SURVEY

SAI
1500 US HWY 17 NORTH, SUITE 204
SURFSIDE BEACH SC 29575
TEL: 843-238-3855 / 800-639-0564
FAX: 843-238-3853

NAME: _____

1. Have you received or seen your students insurance card and insurance pamphlet?
Yes_____ No_____ If so, when?_____
2. Did you receive your student's ID card? Yes_____ No _____
3. Did you receive a complete copy of their application? Yes _____ No _____
4. Prior to your student's arrival did a representative interview you in your home? _____
If so, who and when (approximate)? _____
5. Were you informed of your student's travel arrangements or arrival time in advance of his/her arrival? _____
6. Did you agree to host the student prior to the student's departure from their country?
_____ If so, when? _____
7. Do you feel you were prepared for your student's arrival by the exchange program?

Any other questions or comments? Please note any questions and answers given.

SIGNATURE: _____