

Mutual Friends Student Exchange, Inc. – Host Parents’ Monthly Evaluation

This form should be completed by the host parent(s) and returned to MFSE in the first week of each month.
Return by fax to: 717-431-8879 or email to mfse@ptd.net.

Student’s Name:		Month/Year:	
Host Family:		Evaluator’s Name:	

1.	Have you received your monthly hosting fee for this month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	How has the student integrated into your family?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment:
3.	How does the student relate to host parents?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below:
4.	How does the student relate to other household members?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below:
5.	How are things going with communication with your student?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below::
6.	How are things going attitudinally with your student?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below::
7.	How are things going behaviorally with your student?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below:
8.	How are things going socially with your student?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below::
9.	How is school/schoolwork going with your student?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below:
10.	How would you rate your overall relationship with the student?	<input type="checkbox"/> Good	<input type="checkbox"/> Could improve/comment below:
11.	Are there any problems with your student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Comment below:
12.	Is agency intervention desired at this time?	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Comment below:
13.	Does the student have any plans involving high risk activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Comment below:
14.	Does the student have any plans to travel independently?	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Comment below:
15.	Has the student been seen by a doctor/had any medical issues?	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Comment below:
16.	Is there anything else you wish to share – TOEFL/SAT?	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Comment below: