

## Mutual Friends Student Exchange, Inc. – Students' Monthly Evaluation

This form should be completed by the student and returned to MFSE in the first week of each month.

Return by fax to: 717-431-8879 or email to mfse@ptd.net.

<b>Student's Name:</b>		<b>Month/Year:</b>	
1.	Have you paid your monthly hosting fee for this month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	How is your participation in the host family's family life?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment:
3.	How do you relate to your host parents?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below:
4.	How do you relate to other household members?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below:
5.	How are things going with communicating plans/problems?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below::
6.	How has your attitude been towards family/rules/activities, etc.?	<input type="checkbox"/> Good	<input type="checkbox"/> Could improve/comment below::
7.	How do you believe others perceive your behavior?	<input type="checkbox"/> Good	<input type="checkbox"/> Could improve/comment below:
8.	How are things socially – do you have friends/good peer interaction?	<input type="checkbox"/> Good	<input type="checkbox"/> Could improve/comment below::
9.	How is your school/schoolwork going?	<input type="checkbox"/> Well	<input type="checkbox"/> Could improve/comment below:
10.	How would you rate your overall relationship with your host family?	<input type="checkbox"/> Good	<input type="checkbox"/> Could improve/comment below:
11.	Are there any problems you are experiencing?	<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.	Do you have any plans involving high risk activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Comment below:
14.	Do you have any plans to travel independently?	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Comment below:
15.	Have you 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: