



8 Confidential Placement Summary

Important for Hosting Committees: This form is NOT TO BE SHOWN TO THE HOST FAMILY AND THE CANDIDATE AS IT CONTAINS CONFIDENTIAL INFORMATION.

Please provide additional information on a separate piece of paper if you wish.

Candidate Name (First/Middle/Last)

Home Country

ENVIRONMENTAL INFORMATION: CHECK BOX THAT BEST DESCRIBES CANDIDATE'S AREA OF RESIDENCE

Urban Suburban area Small town Rural area

What is the neighborhood socio-economic level: Upper Medium Lower

Name of closest large city

Distance

Population

HOME ENVIRONMENT

Who lives at home?

Comment on any situation within the family which is important to know for placement purposes (e.g. if this is a single parent home, please talk about the child's other parent and the relationship.)

Please comment on the cleanliness and organization of the home.

Education level of parents: Some secondary school Completed secondary school College Graduate level

FAMILY COMMUNICATION/INTERESTS

Please check all that apply:

- | | | | | |
|---|---|---------------------------------|---|--|
| <input type="checkbox"/> Mother-dominant | <input type="checkbox"/> Permissive | <input type="checkbox"/> Noisy | <input type="checkbox"/> Sports-oriented | <input type="checkbox"/> Community-oriented |
| <input type="checkbox"/> Father-dominant | <input type="checkbox"/> Strict | <input type="checkbox"/> Quiet | <input type="checkbox"/> Religious | <input type="checkbox"/> Individual pursuits |
| <input type="checkbox"/> Shared parental responsibility | <input type="checkbox"/> Children independent | <input type="checkbox"/> Casual | <input type="checkbox"/> Education valued | <input type="checkbox"/> TV-centered |
| <input type="checkbox"/> Demonstrative | <input type="checkbox"/> Traditional | <input type="checkbox"/> Formal | <input type="checkbox"/> Career-oriented | |
| <input type="checkbox"/> Undemonstrative | <input type="checkbox"/> Protective | <input type="checkbox"/> Busy | <input type="checkbox"/> Arts | |
| <input type="checkbox"/> Other(s) _____ | | | | |

What are the family's shared activities?

Candidate Name (First/Middle/Last)

Home Country

CANDIDATE'S PERSONALITY

Comment on the candidate's attitude towards school:

What are the candidate's main activities and how many times a week are they pursued?

Please check all that apply:

- | | | | | | | |
|--------------------------------------|---|------------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> Introverted | <input type="checkbox"/> Studious | <input type="checkbox"/> Loner | <input type="checkbox"/> Talkative | <input type="checkbox"/> Patient | <input type="checkbox"/> Group oriented | <input type="checkbox"/> Musical |
| <input type="checkbox"/> Extroverted | <input type="checkbox"/> Flexible | <input type="checkbox"/> Shy | <input type="checkbox"/> Late night person | <input type="checkbox"/> Moody | <input type="checkbox"/> Independent | <input type="checkbox"/> Artistic |
| <input type="checkbox"/> Fun-loving | <input type="checkbox"/> Easy to please | <input type="checkbox"/> Organized | <input type="checkbox"/> Early to bed | <input type="checkbox"/> Leader | <input type="checkbox"/> Computer interests | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Adventurous | <input type="checkbox"/> Noisy | <input type="checkbox"/> Untidy | <input type="checkbox"/> Individual pursuits | <input type="checkbox"/> Follower | <input type="checkbox"/> Service oriented | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Quiet | <input type="checkbox"/> Listener | <input type="checkbox"/> Group activities | <input type="checkbox"/> Eager to please | <input type="checkbox"/> Dancer | |
| <input type="checkbox"/> Other(s) | | | | | | |

PLACEMENT — PLEASE CHECK BOX OF ANY CANDIDATE RESTRICTIONS LISTED BELOW:

- Dietary Medical/allergies Smoking Religious access

Where a box has been checked please provide additional details:

Please comment on the type of placement that would assist the candidate to have a successful AFS experience:

Do the volunteers in your area recommend this candidate for an AFS Program? Yes No

Was an in-home informational interview conducted with the candidate and family? Yes No Date: _____

Other comments:

Volunteer Signature: _____ Date: _____ Phone: _____

Volunteer Name Printed: _____ Email: _____

Please email this form to: sendinginterviews@afs.org