



SUMMARY OF STUDENT PROFILE

HOST COUNTRY: _____

LENGTH OF PROGRAM: _____

DEPARTURE MONTH/YEAR: _____

Last Name: _____

First Name: _____

Hometown: _____

Home Country: _____

Family Background:

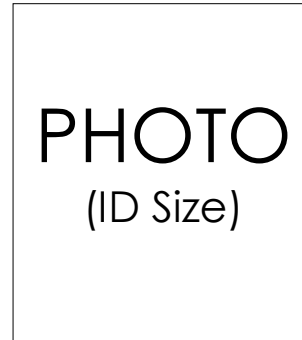
Father: _____

Mother: _____

Brothers/Sisters: _____

Hobbies / Interests: _____

Direct Placement Request: No Yes



Date of Birth (day/month/year):

___ / ___ / _____

Height: _____ Weight: _____

Gender: Female Male

School: _____th grade

_____ years of English

Religion: _____

Willing to attend church?

Yes No Occasionally

Smoker? Yes No

Smoker's household o.k.?

Yes No

Vegetarian? Yes No

Allergies? Yes No

If yes: _____

If allergies to pets can you live with pets:

- Inside
- Inside, if not in your room
- Outside



STUDENT INFORMATION

- Please type or print legibly in **black ink**, so that these forms can be photocopied. **Host country:** _____
- Answer all questions. Students must submit a clear copy of their passport.
- YFU will use this information to select your host family. Please give honest answers so your future family is not surprised.

STUDENT INFORMATION

Legal Name (as it appears on your ID / passport)**Address:**

Last Name: _____

Street: _____ House number: _____

First Name: _____

City/Town: _____

Middle Name: _____

State/Province: _____

Nickname: _____

Postal Code: _____

Email: _____

Telephone: (_____) _____

Sex: Male Female

Mobile Phone: (_____) _____

Skype address: _____

Date of Birth: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec _____
Month (circle one) Day YearPlace of birth: _____
City/Town State/Province Country

Country of Citizenship: _____ ID / Passport No: _____

FAMILY INFORMATION

I live with (check all that apply):

 Mother Father Stepfather Stepmother Partner of mother Partner of father Grandparent Guardian: _____ Other, please specify: _____My father's name (or male guardian): _____
Last Name First Name

Address (if different from yours): _____

Occupation: _____

Employer: _____

Business Telephone: (_____) _____ Mobile Telephone: (_____) _____

E-mail: _____

My mother's name (or female guardian): _____
Last Name First Name

Address (if different from yours): _____

Occupation: _____

Employer: _____

Business Telephone: (_____) _____ Mobile Telephone: (_____) _____

E-mail: _____

My brother's name(s) and age(s): _____

My sister's name(s) and age(s): _____

EMERGENCY INFORMATION

In case we are not able to contact your parents, please tell us who we can contact in your community.

Name: _____
Last Name First Name

Address: _____

Home Tel: (_____) _____ Work Tel: (_____) _____ Mobile: (_____) _____

Relationship to you: _____ Email: _____

DIRECT PLACEMENT REQUEST

If you are requesting a placement with a specific family, please provide the following information:

Name: _____
Last Name First Name

Address: _____

Address: _____

Home Tel: (_____) _____ Work Tel: (_____) _____ Mobile: (_____) _____

Relationship to you: _____ Email: _____

Reason for requesting a direct placement: _____

ACADEMICS AND LANGUAGE STUDY

School Name: _____

Address: _____

Telephone: (_____) _____

Principal/Headmaster: _____

1. What type of school do you currently attend? Academic Vocational Technical Other: _____

2. Do you normally live at home while attending school? Yes No If no, explain: _____

a. Excluding Preschool / Kindergarten, how many years of pre-university study exist in the school system in your country? _____

b. How many of these years will you have completed before traveling to your host country? _____

c. Will you return to your school above upon completion of your exchange year? Yes No

d. If you won't return to your school above, what are your plans? _____

3. Do you have any learning disability such as dyslexia (word blindness) or Attention Deficit Disorder? Yes No

a. If yes, please explain: _____

4. a. Language skills: estimate your ability in foreign languages (not your native language) by circling the letter corresponding to your self-evaluation.

LANGUAGE	YEARS STUDIED	Excellent=E, Good=G, Limited=L, Poor=P		
		SPEAKING	READING	WRITING
_____	_____	E G L P	E G L P	E G L P
_____	_____	E G L P	E G L P	E G L P
_____	_____	E G L P	E G L P	E G L P

b. Native Language(-s): _____

5. Which academic school subjects interest you most and why? _____



PLACEMENT INFORMATION

Student Name: _____
Last Name First Name Middle Name(s)

SPECIAL INTERESTS, ACTIVITIES AND RESPONSIBILITIES

(Please attach a separate sheet of paper, if necessary.)

1. What kind of activities do you and your family do together? How often? What are your responsibilities at home?

2. What, if any, musical instrument(s) do you play now?

Instrument _____ Since when? _____ How often? _____

Instrument _____ Since when? _____ How often? _____

3. What sports, if any, do you participate in now?

Sport _____ Since when? _____ How often? _____

Sport _____ Since when? _____ How often? _____

Sport _____ Since when? _____ How often? _____

Can you ride a bicycle? Yes No

Can you swim? Yes No

4. Describe any other interests, hobbies or activities that you have (e.g. art, literature, computers, etc.):

5. What other groups do you belong to or participate in (e.g. clubs and organizations, scouts, youth group, etc.)?

6. Please list in order of importance any interests/activities which you would like to continue, *if possible*, in your host country:

7. What are your career plans?

8. Please describe any previous travel experience, including other exchange programs, outside your home country, if any:

Continued on next page...

PLACEMENT INFORMATION

9. Do you have any health restrictions, physical handicaps, learning disabilities or limitations to participating in any activities, which could affect where and with whom you are placed? No Yes

If yes, please attach a written, in-depth description on a separate piece of paper.

10. a) Do you have any allergies? No Yes If yes, please complete the information below about allergies and which environmental conditions, if any, must be avoided to keep the allergy under control.

What type of allergies do you have (e.g. hay fever, asthma, skin, dairy, animals, grass or others)? Please be very specific.

What treatment, if any, is required? _____

Please check medications currently being used: Oral Nasal Shots/Injections by self Shots/Injections by doctor

Will you bring the medication with you?

Yes No

- b) Would you be able to live in a home with pets that live inside? Yes No That live outside? Yes No

Would you be able to live in a home with pets that don't enter your bedroom?

Yes No

If no, why not? (Please be very specific, and identify the animals.)

11. a) In many cultures, smoking is very common. Can you live in a home where other people smoke? Yes No

Can you live in a home where the host parents smoke outside of the house?

Yes No?

If no, why? _____

- b) Do you smoke? No Yes

If yes, how often? Frequently (more than 10 cigarettes a day)

Moderately (5 to 10 a day)

Infrequently (4 or less a day)

There may be laws restricting smoking in the host country or host school, or the host family may have objections regarding smoking in their home.

12. Religion (Be specific: Baptist, Lutheran, Orthodox Jewish, Roman Catholic, etc): _____

How often do you attend services? Many times a week Weekly Occasionally Seldom Never

Keep in mind that your host family may have a different religious affiliation than you. There is even the possibility that people in your host country do not practice your religion at all.

Which religious services are you interested in attending in your host country, if requested by your host family?

My own My host family's, even if different My own and my host family's I do not wish to attend

How often? Weekly Occasionally More than once a week

13. Do you have any dietary restrictions (medical, religious, self-imposed)? No Yes If yes, please explain:

14. If you are a vegetarian, keep in mind that this is often uncommon overseas and that not eating certain foods can be considered insulting in other cultures. (NOTE: No matter what your eating habits, it is VERY important to be flexible about what you eat while living abroad!) Are you willing to eat:

fish? Yes No pork? Yes No dairy (milk products)? Yes No

poultry? Yes No beef? Yes No everything? Yes No



STATEMENT OF AGREEMENT

To be read and signed by the student and parent/guardian

Student Name: _____
Last Name First Name Middle Name(s)

AGREEMENT WITH YFU

Placement

- We understand and accept that Youth For Understanding in making its selections and placements does not discriminate on the basis of race, color, national origin, sexual orientation, religion or gender. Individuals with disabilities will be accommodated to the best of YFU's ability.
- We understand that YFU will try to accommodate our preferences regarding host family placement; however, we understand that this cannot be guaranteed.
- We understand that YFU families may be of any race, religion, structure, etc.
- We will be open to and accept the host family and high school YFU selects
- We understand the host high school may have rules about enrolling exchange students, which limit the grade level(s) in which a student can be placed and which prohibit exchange students from obtaining a diploma or from fulfilling equivalency requirements of the school in the home country.

Participation in School Activities

- We understand that participation in school activities such as sports, choir and other clubs is not guaranteed.

Employment

- We understand that our child may not be employed during his/her exchange.

Smoking

- We understand that there may be laws restricting smoking in the host country or host school, or that the host family may have objections regarding smoking in their home. Our child agrees to honor these laws or restrictions.

Rules and Regulations

- We have read and understood the rules and regulations for the YFU program as they have been presented to us.
- We understand that not following these rules may result in a program cancellation and early return of our child.

Continued on next page...

Release of Information

- We authorize the release of school information and health information to YFU representatives in the hosting country as needed.
- We consent that YFU may use limited information from the documents that we have submitted to YFU, including picture(s), for advertisement purposes and conveyance of information to YFU volunteers, staff and prospective host families. For the same purpose, YFU may post a photograph, the name of the home country and the first name of our child on a webpage and/or social network profile monitored by a YFU staff person or volunteer.

Medical Release

- Our child has our permission to participate in the Youth For Understanding (YFU) International Exchange program.
- We affirm that all of the medical information released to YFU is complete and truthful to the best of our knowledge.
- As the participant's parents or guardians, we agree to authorize the YFU Program or the host family to act for us in connection with any emergency, accident or illness.
- We grant YFU and the host family authorization to have our child immunized if necessary to secure or maintain school or host family placement, and agree to pay the cost of such immunization.
- This Medical Release form may be used as our written authorization to disclose to the YFU Program or host family our child's protected health information. If our child has a recurrence of any previous illness, condition or anything contracted before leaving home, we, the undersigned, authorize the YFU program to release our child to our personal care. We will not hold YFU responsible for any debts incurred by this or any other illness or condition, and we agree to pay for the return travel of our child.
- In accordance with host country standards, regulations and laws regarding medical records, we authorize the release of medical information, to or between YFU employees and volunteers including host families during our child's participation in the YFU program.

We acknowledge that the information we have provided in the admissions materials to be complete and accurate. Any material omissions or untruths may result in program cancellation or early return of the participant.

Student signature

Date

Parent's or Guardian's Signature

Date



STUDENT HEALTH CERTIFICATE

CERTIFICATE OF DENTAL HEALTH

(For year and semester students only)

I have examined the teeth of this student and certify that they are in satisfactory condition.

Dentist's Signature: _____ Date: _____

Dentist's Name Printed: _____ Phone: (_____) _____
Area/City Code

Dentist's Address: _____

CERTIFICATE OF GENERAL HEALTH

Physicians, Please Note:

Dear Medical Provider,

In completing this medical form, please know that this student has been accepted as a YFU exchange student and will be traveling to another country to live with a host family and attend school for approximately 11 months. The completed physical form is a very important document should the student have any medical issues while on the exchange program. Please provide as much detail as possible on any health issues that may need attention while the student is living abroad. The exchange experience can be challenging both physically and emotionally for a student and we request that this be taken into consideration when completing this health form. Our goal is to provide the best possible exchange experience for this student.

- Please type or print legibly in **BLACK INK** and write in English. Upon completion of this form, return it to the student. Thank you for your assistance.

Student's Name: _____ Date of Birth: _____

Address: _____
City State/Province Zip/Postal Code Country

Date of examination: _____ Age: _____ Sex: M F

For how long has this person been a patient of yours: _____

Height: _____ Weight: _____

Blood Pressure: Sys: _____ Dia: _____ Pulse rate: _____ Regular? Yes No

1. Has the student ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had:

- | | | | |
|--|--|---|--|
| 1. Allergies* | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Malaria | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Measles (Rubeola) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Appendicitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Mumps (Rabula inflans) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has appendix been removed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Pneumonia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Arthritis | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Rheumatic fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Scarlet fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Chicken Pox (Varicella) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Serious or persistent cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Serious or persistent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Eating disorder
(e.g. anorexia, bulimia) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Frequent or chronic strep throat
(Streptoangina) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Emotional difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Enuresis/Bed wetting | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Typhoid fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Ulcers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. German measles (Rubella) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Vertigo, dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Hernia | <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Whooping cough (Pertussis) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has applicant been operated on/for hernia | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

*For allergies, please indicate in section below type, allergen, frequency and severity of symptoms, duration, date of last symptom, medication (name, oral or injected and dosage)

Continued on next page...

2. Any disease, impairment or abnormality of:

- | | | | |
|---------------------------------------|--|-------------------------------------|--|
| a. Blood or endocrine system | <input type="checkbox"/> Yes <input type="checkbox"/> No | j. Ovaries or breasts, if a female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Bones, joints, or locomotor system | <input type="checkbox"/> Yes <input type="checkbox"/> No | k. Menstrual disorders, if a female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Brain or nervous system | <input type="checkbox"/> Yes <input type="checkbox"/> No | l. Prostate or testes, if a male | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Ears or hearing | <input type="checkbox"/> Yes <input type="checkbox"/> No | m. Skin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Eyes | <input type="checkbox"/> Yes <input type="checkbox"/> No | n. Stomach or digestive system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Genital-urinary system | <input type="checkbox"/> Yes <input type="checkbox"/> No | o. Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Heart or blood vessels | <input type="checkbox"/> Yes <input type="checkbox"/> No | p. Thyroid | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Lungs, respiratory system | <input type="checkbox"/> Yes <input type="checkbox"/> No | q. Tonsils, nose | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Other abdominal organs | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have tonsils been removed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For all parts of Question 2 answered "yes", please give details: (Please print) Identify Questions Nature and Severity of Disease or Disorder, Specific Diagnosis, Frequency of Attacks and Treatment. If any conditions are chronic, please provide detailed information regarding management of the condition(s).
(number or letter of condition)

3. Has the student:

If "yes", please explain.

- Had any surgical operation not revealed in previous questions, or gone to a hospital, clinic, dispensary or sanatorium for observation, examination or treatment not revealed in previous questions? Yes No a. _____

- b. In the past 6 months taken any prescribed medication or been advised to restrict diet or living routine? Yes No b. _____

- c. Ever used cocaine, barbiturates or other addictive drugs, except as medication prescribed by a physician or other practitioner? Yes No c. _____

- d. Ever received treatment from a physician or other practitioner regarding the use of alcohol, or the use of drugs except for medical purposes, or received treatment or advice from an organization that assists those who have an alcohol or drug problem? Yes No d. _____

- e. Had any significant weight loss or gain? Yes No e. _____
- f. Participated in counseling or therapy within the last 2 years? Yes No f. _____
- g. Ever exhibited symptoms of or been treated for an eating disorder? Yes No g. _____
4. Do you have knowledge of any history or present evidence of nervous, emotional, or mental problems? For example, is there any history of depression, suicidal thoughts or behavior, psychosis, mood swings or other nervous conditions? Yes No
 If yes, please explain: _____
5. Is the applicant contemplating any surgical operation or planning to seek other medical advice or treatment? Yes No
 If yes, please explain: _____
 Additional comments (continue on extra paper if necessary): _____
6. Will the student be taking any prescribed medication with him or her? Yes No If yes, what medication?
 a. Generic name, dosage and reason _____
 b. Generic name, dosage and reason) _____
8. In my opinion the general state of the student's health is: Excellent Good Fair Poor
9. In my opinion the student may participate in high school sports and activities: Yes No

Physician's Signature: _____ Date: _____

Physician's Name Printed: _____ Phone: (_____) _____

Physician's Address: _____



STUDENT IMMUNIZATION RECORD

Student Name: _____
Last Name First Name Middle Name(s)

IMMUNIZATION RECORD

Student Note:

There are different immunization requirements in all host countries. They are based on the country's experiences, guidelines and recommendations of the Ministry of Foreign Affairs, but also on entry requirements of the country and of the hosting school. Some school authorities require immunizations for any student entering school the first time. Since the schools require these immunizations be completed prior to allowing entry at the school it is important that you complete immunization requirements prior to coming to the host country. In the event that immunizations can only be completed after arrival in the host country, you may be required to delay your school start until you are immunized. In addition, immunizations may be expensive in the host country, and YFU insurance will not cover this expense.

Please list all vaccination dates for compulsory immunization below: Diphtheria, Tetanus, Poliomyelitis, Measles, Mumps, and Rubella. Then carefully check the attached list if there are any special vaccination requirements or recommendations for your host country in addition to the compulsory ones and list all of these vaccination dates too.

Official's Note:

Please list the most recent vaccination dates if there are more than space allows.

REQUIRED	Dose 1 (Day/Month/Year)	Dose 2 (Day/Month/Year)	Dose 3 (Day/Month/Year)	Dose 4 (Day/Month/Year)
Diphtheria (or DPT or Td) 4 doses required; last dose must be within 10 years of student's program end date	___/___/___	___/___/___	___/___/___	___/___/___
Tetanus (Tdap or Td) Last dose must be within 10 years of student's program end date	___/___/___	___/___/___	___/___/___	___/___/___
Poliomyelitis 3 doses required; 4 if done by combination oral and injected regimen. At least one dose after age 4 for either regimen, last dose must be within 10 years of student's program end date	___/___/___ <input type="checkbox"/> Oral <input type="checkbox"/> Injected	___/___/___ <input type="checkbox"/> Oral <input type="checkbox"/> Injected	___/___/___ <input type="checkbox"/> Oral <input type="checkbox"/> Injected	___/___/___ <input type="checkbox"/> Oral <input type="checkbox"/> Injected

REQUIRED		Dose 1 (Day/Month/Year)	Dose 2 (Day/Month/Year)		Date of Disease (Day/Month/Year)		Date of Blood Titer
Measles, Mumps & Rubella or MMR. 2 doses for each immunization required OR two doses of combined MMR	Measles	___/___/___	___/___/___	Or	___/___/___	And	___/___/___ <input type="checkbox"/> Pos <input type="checkbox"/> Neg
	Mumps	___/___/___	___/___/___	Or	___/___/___	And	___/___/___ <input type="checkbox"/> Pos <input type="checkbox"/> Neg
	Rubella	___/___/___	___/___/___	Or	___/___/___	And	___/___/___ <input type="checkbox"/> Pos <input type="checkbox"/> Neg
	MMR	___/___/___	___/___/___				

Varicella 2 doses required at least 28 days apart or documented date of disease.	___/___/___	___/___/___	___/___/___
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IMMUNIZATION RECORD (Continued)

Student Name: _____
Last Name
First Name
Middle Name(s)

If available or if required by your host country

	Dose 1 (Day/Month/Year)	Dose 2 (Day/Month/Year)	Dose 3 (Day/Month/Year)	Dose 4 (Day/Month/Year)
Pertussis (or DPT or Tdap) Please specify DPT or Tdap	____/____/____ <input type="checkbox"/> DPT <input type="checkbox"/> Tdap	____/____/____ <input type="checkbox"/> DPT <input type="checkbox"/> Tdap	____/____/____ <input type="checkbox"/> DPT <input type="checkbox"/> Tdap	____/____/____ <input type="checkbox"/> DPT <input type="checkbox"/> Tdap
HIB (Haemophilus Influenza type b) Document doses received as an infant/child	____/____/____	____/____/____	____/____/____	____/____/____
H1N1 (Subtype Influenza A)	____/____/____	____/____/____		
MCV	____/____/____			
Hepatitis A 2 doses required; 6 months apart.	____/____/____	____/____/____		
Hepatitis B 3 doses required. 2 nd dose must be at least 1 month after the 1 st dose. 3 rd dose must be at least 4-6 months after the 1 st dose. There must be an eight-week interval between dose 2 and dose 3.	____/____/____	____/____/____	____/____/____	
Yellow fever	____/____/____			
Typhus	____/____/____			
Anti-rabies inoculation	____/____/____			
TBE (Tick-borne-encephalitis)	____/____/____			
Other:	____/____/____	____/____/____	____/____/____	____/____/____
Other:	____/____/____	____/____/____	____/____/____	____/____/____
Other:	____/____/____	____/____/____	____/____/____	____/____/____

<p>Tuberculosis: Students must submit a negative Mantoux* skin test; or negative TBC blood test result; or a negative chest x-ray. Note: students must be tested for tuberculosis and results reported to YFU within one year prior to departure. If a Mantoux skin patch test has a positive result, a chest x-ray is required.</p> <p><small>*The Mantoux test is the only accepted TB skin test.</small></p>	<p style="text-align: center;">BCG Vaccine</p> <input type="checkbox"/> Yes _____/_____/_____ Date Administered _____/_____/_____ TBC Blood Test Date <input type="checkbox"/> Pos <input type="checkbox"/> Neg	<p style="text-align: center;">Mantoux Test (Month, Day, Year)</p> _____/_____/_____ <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Or	<p style="text-align: center;">Chest X-Ray (Month, Day, Year)</p> _____/_____/_____ <input type="checkbox"/> Pos <input type="checkbox"/> Neg
--	---	--	----	---

Signature:

_____ **Date:** _____

Printed Name: _____



IMMUNIZATION REQUIREMENTS

Country	Hep A	Hep B	Pertussis	HIB	TBC	Required vaccinations	Recommended vaccinations
Argentina	Rec	Rec	Yes	Yes	Yes	Yellow Fever	
Australia	Rec	Rec	Rec		Yes		H1N1
Belgium, dutch	Rec	Rec	Rec				H1N1
Belgium, french	Rec	Rec	Yes				
Brazil	Rec	Yes			Yes	Yellow Fever	
Bulgaria	Yes	Yes	Rec				FSME
Canada		Rec	Yes	Yes	Yes		
Chile	Rec	Rec			Yes		
China	Rec	Rec	Yes	Yes	Yes		
Costa Rica	Yes	Rec					Yellow Fever
Czech Republic		Yes			Yes		
Denmark							
Ecuador	Rec	Yes					
Egypt	Yes	Yes					
Estonia	Rec	Rec					FSME
Finland			Yes				
France					Rec		
Ghana	Rec	Rec				Yellow Fever	
Hungary	Rec	Rec		Yes	Yes		
India	Rec	Yes					
Japan	Rec	Rec	Rec		Yes		
Latvia	Rec	Rec					
Lithuania	Rec	Rec					
Mexico	Rec	Rec	Rec	Rec			Typhoid, Meningitis
Moldova	Yes	Rec	Yes	Yes			
Netherlands		Rec					
Norway		Rec					
Poland		Rec					
Romania	Rec	Rec					
Russia		Rec	Rec		Yes		
Slovakia	Rec	Rec	Yes	Yes	Yes		Meningitis, FSME
South Africa	Rec	Rec					
South Korea	Rec	Rec			Yes	H1N1	
Sweden		Rec					
Switzerland		Yes					
Thailand	Rec	Yes					
Turkey	Rec	Rec	Rec		Yes	Meningitis, H1N1	Typhoid
Ukraine	Rec	Yes			Yes		
Uruguay	Rec	Yes			Yes		
USA	Rec	Yes			Yes		Meningitis
Venezuela	Rec	Rec	Rec			Yellow fever	

Rec = Recommended



LETTER TO FUTURE HOST FAMILY LETTER

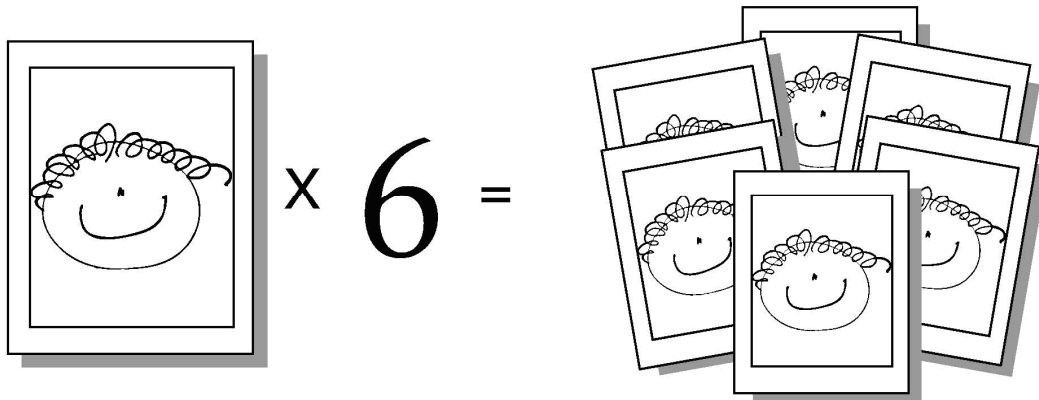
- Your letter should be written in English unless you are going to a French-speaking destination, then your letter should be written in French. Your letter should be at least 400 words and should be written **NEATLY AND LEGIBLE (type the letter if your handwriting is not neat) on a A4 size paper. DO NOT SCRATCH OUT WORDS, RATHER WRITE A NEW LETTER IF YOU MADE MISTAKES. THIS LETTER WILL BE THE VERY FIRST IMPRESSION YOUR HOSTFAMILY WILL GAIN OF YOU!!** Review this list of topics to help you write your letter. All potential host families will be looking at your letter.
- Please write a letter to your host family introducing yourself and telling them why you are looking forward to becoming a member of their family. This letter will be used for placement and WILL be given to your host family. They will be very interested in learning about you as a person, about your family and the activities which you enjoy. **Please do not include personal information such as last names, email address, telephone number, hometown or street address as your letter will be made public to prospective host families.**
- All potential host families will be looking at your letter. Choose activities that best describe your significant interests as this letter will be used to match you and your family. Your host family will select you based on the impression they get about you from this letter. It is important to be interesting, informative and accurate. Your host family will be surprised if you are not like the person they read about in the letter!
- Your letter must be typed, printed or hand written neatly in dark ink on a separate piece of white paper. This is the first impression a potential host family will have of you. Check your spelling and be neat when correcting errors. Be sure to thank your host family for opening their home to you.
- It would be good if you could end your host family letter with some handwritten lines and don't forget to sign your first name or nickname only, especially if you type your letter, since it adds a more personal touch.

Suggested ideas for writing your host family letter:

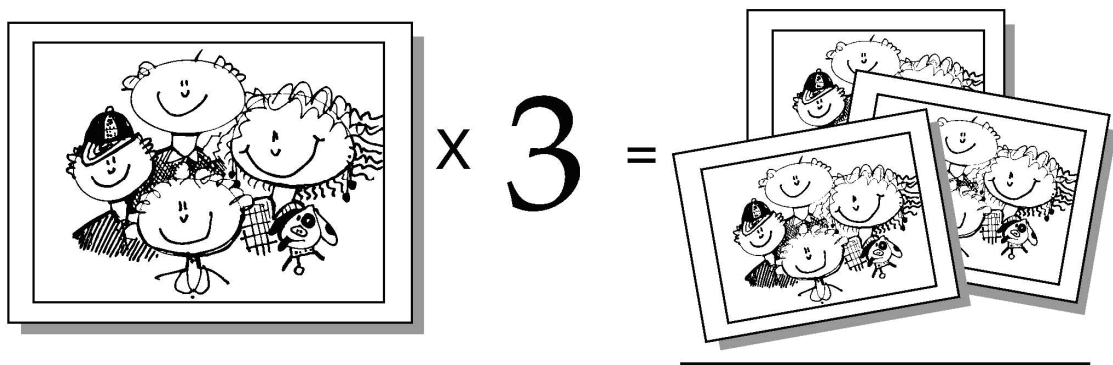
- The kinds of activities you like to participate in with your friends and family.
- What you do on a typical weekend, (e.g. work, activities, entertainment).
- Your career plans or special areas of interest.
- Your hopes and dreams for the future.
- Your favorite subjects/school activities, clubs, and why you enjoy them.
- Your primary hobbies and why you enjoy them.
- Appreciation of your future host family.
- Why you want to be an exchange student, and what you hope to gain and contribute during your exchange.
- Why did you choose your host country?
- Your family members and your relationship with them.
- What kind of responsibilities you have as a family member, (e.g. household chores, taking care of younger siblings).



- “A picture is worth a thousand words.” We believe this saying to be true. As part of the placement process, your pictures, along with your host family letter and a summary of your application, will be shown to potential host families.
- YFU that you send six (6) head-and-shoulders pictures (ID photo size). These are used for files and internal paperwork. You should look neatly groomed and smiling in your ID size pictures.



- Your host country will also require three (3) photos, which will be shown to your host family. Each picture should say something about you and present you in the best light. **They should be pictures of you in activities with friends or family. Please label them and describe the picture and the other people in the photograph. Indicate who you are in the group photographs.**



Total # of photos = **9**

- Glue or tape your pictures of you and your family on the next page. Do not use staples.
- Keep in mind that we are unable to return any photos, which are part of your Admissions Packet. Your photos need to be of good quality, printed on photo paper. Black and white photocopies of photos are unacceptable.
- Remember: put your best foot forward. Send interesting, happy, smiling photos which let a family know what a great addition to their family you would be!



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C2

PHOTOS

Attach your 3 Photos here that show you with your friends and family, do not staple.

Please mark clearly who the people on the photos are!! Please **DO NOT** exceed A4 Paper Size as we need to scan the page and send it to the YFU organisation in your host country!



D

TEACHER EVALUATION

TO BE COMPLETED BY STUDENT

- Please give this form to a teacher who has known you for at least six months.
- Please type or print legibly in black ink.

Student's name: _____

Address: _____

Agreement by student and parents or legal guardian:

We would like to ask for a confidential evaluation of the student in this assessment form. We hereby agree to not take notice of the text and comments. **We would like to receive the form in a sealed envelope or to have it mailed directly to the YFU office at the address on second page. Thank you.**

Student's signature

Parent or Guardian

Parent or Guardian

TO BE COMPLETED BY A TEACHER

- YFU will appreciate and accept as confidential your frank evaluation of this student's personal readiness for responsible participation in an international exchange program. This student cannot be considered for admission without your evaluation. Therefore, please complete, sign and return this form as soon as possible to the student IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE. If you prefer, you can send the form directly to the YFU Office at the address listed at the end.
- All remarks will certainly be kept confidential.
- Please keep a copy of this evaluation for your own records, in case of a problem with the mail system.
- Please type or print legibly in black ink.
- Please answer all questions completely. Thank you for your help!

1. Social Skills, Talents and Interests

How does the student behave in a classroom with respect to his/her

	Excellent	Good	Fair	Poor
ability to interact well with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ability to interact well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motivation in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motivation in individual school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

What talents, interests and skills does this student have to contribute to others (e.g. school, community, host family)?

School: _____

 Community: _____

 Host family: _____

2. Personality

Research indicates that the factors listed below are important for successful intercultural adjustment. Please assess the student's strengths and weaknesses with respect to these factors. When possible, please provide specific examples (below).

Is the following a strong, average, or weak characteristic of the student?

	Strong	Average	Weak
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to tolerate failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerance of differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive regard for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong sense of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive and realistic expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give some examples to demonstrate your evaluation:

3. School Performance

	Always	Frequently	Occasionally	Never
The student actively participates in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
follows classroom and school rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
completes assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
puts a lot of effort into the assignments and is thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page....

4. English Language Proficiency	Excellent	Good	Fair	Poor
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall academic standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Physical and Emotional Difficulties

Do you know of any physical or emotional difficulties this student might have which might affect his/her participation in an exchange program?

No Yes If you check "yes", you will receive a call from a YFU representative.

6. Recommendation for Student Exchange Program

- I strongly recommend this student.
- I recommend this student
- I do not recommend this student
- I have some reservations. I would like someone from YFU to call me.

7. Relationship to student

I have been the _____ teacher of this student for _____ year(s) and _____ month(s).

I also teach/taught the student in the following subject(s): _____

Teacher's Signature: _____ Date: _____

Teacher's Name (Please print): _____ Title: _____

Telephone number: _____

School's stamp:

Please ask your teacher to place the evaluation in a SEALED ENVELOPE (confidential) and return to YFU with the rest of your application.



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E

REQUEST FOR SCHOOL REPORTS

Students: Please give to your class teacher to complete

Class Teacher Instructions:

To be accepted by YFU, the student is required to submit the latest school reports of his/her two most recent school years.

- Please attach the reports to this form and return both to the student (in a sealed envelope) at your earliest convenience. Thank you for your prompt attention.

- Please indicate how many years, excluding preschool/kindergarten, of pre-university study exist in your country's school system? _____

- How many of these years will the student have completed before traveling to his/her host country. _____