

PARENTS QUESTIONNAIRE



Please estimate the percentage of time your son/daughter spends (outside of school/homework).

Alone	
With Friends	
With Family Members	
Other	

Do you require your son/daughter to be home at a specific time in the evening?

Yes	No
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If yes, what time in schooldays and what time on weekends?

School days	
Weekends	

Has there been death, divorce, or other major change in your family recently?

Yes	No
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If yes, please provide details indicating how your family is dealing with his and what changes it has made in your son/daughter life.

What makes you proud of your son/daughter?

Why do you want your son/daughter to be an exchange student?

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What do you expect to be the hardest for your son/daughter while being abroad?

Are there any other comments you would like to share with the host family?

Signature

Name and Title of person completing this form

Name of Parent/Guardian