

Your Cover Photo(s)



About You

FIRST NAME (NAME AS LISTED ON PASSPORT)		Giada		LAST NAME	Piras			
MIDDLE NAME		PREFERRED NAME						
GENDER	<input checked="" type="checkbox"/> F <input type="checkbox"/> M	BIRTH DATE	03 / Jan / 2008		HEIGHT	160 cm	WEIGHT	44 kg
CITIZENSHIP	Italy		COUNTRY OF LEGAL RESIDENCY					Italy
TAX PAYER'S CODE PRSGDI08A43B354S								

Contact Information

HOME STREET ADDRESS		Via Velio Spano , 27			ADDRESS 2		
CITY	Villacidro	STATE	SU	ZIP CODE	09039	COUNTRY	Italia
PREFERRED PHONE NUMBER		3791650214	HOME PHONE NUMBER	3403238063		MOBILE PHONE NUMBER	

If we want to mail you something, we should send it to: The Home Address listed above The Alternate Address listed below

EMAIL ADDRESS	piras.giada08@gmail.com	Parent/Guardian e-mail	kekkopizzap@gmail.com
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Religious Affiliation (optional)

WHAT IS YOUR RELIGION, IF ANY? Catholic

HOW OFTEN DO YOU PARTICIPATE IN STRUCTURED RELIGIOUS SERVICES? Occasionally

Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith?

Required

Not Necessary



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ID# 23-05217 Name: Sig.ra Giada Piras

AFS Application Form**About Your Family**

What is your family structure? I live with both my father and mother

Parent or Guardian 1			<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Other(describe)	<input checked="" type="checkbox"/> You live with this Parent/Guardian		
FIRST NAME			LAST NAME			Piras		
Francesco								
OCCUPATION			EMAIL ADDRESS			kekkipizzap@gmail.com		
cook								
WORK PHONE NUMBER			MOBILE PHONE NUMBER			3403238063		
STREET ADDRESS		Via Velio Spano , 27	ADDRESS 2		CITY	Villacidro	STATE	SU
ZIPCODE	09039	COUNTRY	Italia	HOME PHONE		3403238063	HOME FAX	

Parent or Guardian 2			<input checked="" type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other(describe)	<input checked="" type="checkbox"/> You live with this Parent/Guardian		
FIRST NAME			LAST NAME			Loru		
Daniela								
OCCUPATION			EMAIL ADDRESS			danielloru78@gmail.com		
waitress								
WORK PHONE NUMBER			MOBILE PHONE NUMBER			3402839871		
STREET ADDRESS		Via Velio Spano , 27	ADDRESS 2		CITY	Villacidro	STATE	SU
ZIPCODE	09039	COUNTRY	Italia	HOME PHONE		3403238063	HOME FAX	

Sibling Full Name		Relationship			Birth Date	Live At Home
Elena Piras		<input type="checkbox"/> Brother	<input checked="" type="checkbox"/> Sister	<input type="checkbox"/> Other:	Feb 17, 2015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

AFS CONNECTIONS

Has anyone in your family: (If yes, please describe who, the relationship, where and when.)

Hosted on AFS? Yes No

If yes, how?

Participated on an AFS program? Yes No

If yes, how?

Do you have relatives or close friends living abroad? Yes No

If yes, how? I have two uncles who live in Belgium , they are my dad's brothers .

Have you participated in any other exchange program, traveled abroad or lived in another country? Please provide details.

Detail : No.



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ID# 23-05217 Name: Sig.ra Giada Piras

AFS Application Form

Emergency Contact

If your Parent/Guardian cannot be reached, please indicate someone else in case of emergency:

NAME Antonella Loru	RELATIONSHIP Other
EMAIL ADDRESS antonia.loru@tiscali.it	TELEPHONE NUMBER 3479913124



Connecting Lives, Sharing Cultures

ID# 23-05217 Name: Sig.ra Giada Piras

AFS Application Form

Health & Lifestyle

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?

No Yes (describe)

Please check the appropriate boxes if you CANNOT live with:

CATS	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	Why?
DOGS	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	
OTHER	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	Which and why?

Do you have dietary restrictions (for medical or religious reasons)? No Yes (describe)

Do you smoke cigarettes? Yes No

If yes in smoking question, please understand that it is illegal in many countries for youth to purchase and/or smoke cigarettes. Additionally, most AFS host families will not accept a participant who smokes. Yes No



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 Tel 0577 900001 Fax 0577 920948
www.intercultura.it concorso@intercultura.it

Physician. Complete and sign this form. The applicant's physician should not be related to the applicant. AFS is asking for this information to help us provide a safe and appropriate placement for the applicant. AFS reserves the right to ask for further information to determine if the applicant meets the program medical qualifications.

Giada Piras	Italy	03/01/2008
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Applicant and Parent/Guardian. Both applicant and parent/guardian must sign this form. We are asking for you to provide us the information below to help us provide a safe and appropriate placement for you. Your host family and the hosting AFS organization will need to have a good understanding of your condition, if any.

1. Medical History

To be completed by physician. For Yes responses, please provide a detailed explanation here or attached in a separate report.

Name and Last Name Giada Piras	Home Country Italy	
Birthdate (DD/MM/YY) 03/01/2008	Height 160 cm	Weight 44 kg
ABNORMALITIES Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration?	NO	
ALLERGIES	NO	
ASTHMA	NO	
DIABETES	NO	
ACNE	NO	
SEIZURE DISORDER	NO	
SURGICAL PROCEDURES	NO	
LIMITED OR RESTRICTED ACTIVITIES Are there any health limitations or restrictions on the applicant's activities and/or sports participation, or any medical information which should be considered for a home/school placement?	NO	
HOSPITALIZATION Has the candidate been hospitalized within the last two years?	NO	
DISEASE/CONDITIONS Has the applicant HAD any of the diseases/conditions listed below or any other significant medical background which may be important to providing a safe experience for the applicant?	Poliomyelitis	NO
	Tuberculosis	NO
	Other	NO



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DISEASE, IMPAIRMENT, OR ABNORMALITY Has the applicant ever had any disease, impairment or abnormalities listed below. If yes, please explain.	Abdominal organs, digestive system Heart blood vessels Lungs, respiratory system Tonsils nose or throat	NO Bones, joints locomotor system NO Blood, endocrine system NO Genito-urinary system NO Eyes/vision, ear/hearing	NO
NERVOUS, EMOTIONAL, PSYCHOLOGICAL, OR EATING DISORDER	Has the applicant EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder? NO Is there a history of, or present evidence of, an emotional, nervous or eating disorder? NO If Yes to either specific question above, a FULL report by the specialist, including diagnosis, any medication taken, name, dosage & frequency, and treatment dates, and a statement by the candidate about the illness or specific problem must be attached in the AFS application;		
CELIAC DISEASE Does the applicant have celiac disease?	NO	If yes, identify the medication, reason for usage, dosage and frequency	
If the applicant eats gluten, would it create a dangerous situation for his/her health?	NO		
Has the applicant ever been hospitalized because of complications related to celiac disease?	NO		
Will the applicant need to visit a doctor while on program to manage the condition?	NO		
ADDITIONAL MEDICATIONS Is the applicant currently taking medication or injections (other than those mentioned previously)?	NO	If yes, identify the medication, reason for usage, dosage and frequency:	



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Dott. M.Grazia Billai

Physician Name and Degree	<i>Maria Grazia Billai</i>	Signature	Medico Chirurgo Cod. Reg. 01005 Via Garibaldi, 33 03039 VILLACIDRO VS Tel 070 9316010 – 346 3624173
Address	VILLACIDRO - VIA GARIBOLDI - 33		Date 20/11/2023

Applicant and Parent/Guardian Signature

Your signature below attests that you understand and accept the AFS Medical Policies as stated on the Participation Agreement, that the information on the health certificate is correct and complete and that inaccurate or incomplete information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Candidate Signature:	Date
<i>Giada Piras</i>	20/11/2023
Parent/Legal Guardian Signature:	Date
<i>Grazia Billai / domande</i>	20/11/2023

2. Immunizations

To be completed by physician. AFS recommends you discuss destination with the applicant to determine if additional immunizations are recommended.

The AFS office in the hosting country will notify the applicant of any additional immunizations required for entrance to the country and/or entrance to school.

Please specify exact day, month and year (DD/MM/YYYY) that the applicant had the following immunizations:					DOSE 5 DATE
	DOSE 1 DATE	DOSE 2 DATE	DOSE 3 DATE	DOSE 4 DATE / INFO	
<input checked="" type="checkbox"/> Measles	8th May 2009	12th February 2013			
<input checked="" type="checkbox"/> Mumps	8th May 2009	12th February 2013			
<input checked="" type="checkbox"/> Rubella	8th May 2009	12th February 2013			
<input type="checkbox"/> Hepatitis A					
<input checked="" type="checkbox"/> Hepatitis B	5th March 2008	18th April 2008	24th October 2008		
<input checked="" type="checkbox"/> Diphtheria	5th March 2008	18th April 2008	24th October 2008	12th February 2013	
<input checked="" type="checkbox"/> Tetanus	5th March 2008	18th April 2008	24th October 2008	12th February 2013	3rd May 2022
<input checked="" type="checkbox"/> Pertussis	5th March 2008	18th April 2008	24th October 2008	12th February 2013	3rd May 2022
<input checked="" type="checkbox"/> Poliomyelitis	5th March 2008	18th April 2008	24th October 2008	12th February 2013	3rd May 2022
<input checked="" type="checkbox"/> COVID-19	17th August 2021	21st September 2021	22nd January 2022	mRNA	
<input checked="" type="checkbox"/> Meningitis	6th February 2009	10th September 2020			
<input type="checkbox"/> BCG					
<input checked="" type="checkbox"/> Varicella (Chicken Pox)	9th February 2018	27th April 2018			
TB test	List type (mantoux / tine / other):		If TB Test was positive, was chest x-ray done? date:		

Dot. M.Grazia Billai

Medico Chirurgo

Cred. RISg. 01005

Via Garibaldi, 93 09039 VILLACIDRO VS

Tel 070 9316010 – 346 3624173

Doctor Signature


I, the undersigned, certify that a thorough physical examination of the candidate has been given and all important recent medical information has been included on the health certificate, that nothing relevant has been omitted, and that the candidate is able to travel. I understand that the omission of any information could be harmful to the candidate's health care and could result in early termination from the AFS program.



CERTIFICATO DI VACCINAZIONE

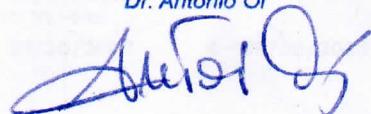
Si certifica che **PIRAS GIADA** nata il **03/01/2008** a **CAGLIARI**, codice fiscale **PRSGDI08A43B354S**
residente a **VILLACIDRO - V. VELIO SPANO 27**
ha eseguito le seguenti vaccinazioni:

TETANO	1 - 05/03/2008 DTP IPV HB HIB	2 - 18/04/2008 DTP IPV HB HIB	3 - 24/10/2008 DTP IPV HB HIB	4 - 12/02/2013 DTP IPV
	5 - 03/05/2022 dTP IPV			
DIFFERITE	1 - 05/03/2008 DTP IPV HB HIB	2 - 18/04/2008 DTP IPV HB HIB	3 - 24/10/2008 DTP IPV HB HIB	4 - 12/02/2013 DTP IPV
	5 - 03/05/2022 dTP IPV			
EPATITE B	1 - 05/03/2008 DTP IPV HB HIB	2 - 18/04/2008 DTP IPV HB HIB	3 - 24/10/2008 DTP IPV HB HIB	
POLIOMIELITE	1 - 05/03/2008 DTP IPV HB HIB	2 - 18/04/2008 DTP IPV HB HIB	3 - 24/10/2008 DTP IPV HB HIB	4 - 12/02/2013 DTP IPV
	5 - 03/05/2022 dTP IPV			
PERTOSSE	1 - 05/03/2008 DTP IPV HB HIB	2 - 18/04/2008 DTP IPV HB HIB	3 - 24/10/2008 DTP IPV HB HIB	4 - 12/02/2013 DTP IPV
	5 - 03/05/2022 dTP IPV			
HAEMOPHILUS B	1 - 05/03/2008 DTP IPV HB HIB	2 - 18/04/2008 DTP IPV HB HIB	3 - 24/10/2008 DTP IPV HB HIB	
PNEUMOCOCCO	1 - 05/03/2008 PCV 7	2 - 18/04/2008 PCV 7	3 - 24/10/2008 PCV 7	4 - 06/06/2011 PCV 10
MORBILLO	1 - 08/05/2009 MMR	2 - 12/02/2013 MMR		
PAROTITE	1 - 08/05/2009 MMR	2 - 12/02/2013 MMR		
ROSOLIA	1 - 08/05/2009 MMR	2 - 12/02/2013 MMR		
MENINGOCOCCO B	1 - 09/02/2018 Men B	2 - 27/04/2018 Men B		
MENINGOCOCCO C	1 - 06/02/2009 MenC	2 - 10/09/2020 Men ACWY con		
PAPILLOMA VIRUS	1 - 18/11/2020 HPV 9	2 - 19/05/2021 HPV 9		
VARICELLA	1 - 09/02/2018 VZV	2 - 27/04/2018 VZV		

CERTIFICATO DI VACCINAZIONE

MENINGOCocco A	1 - 10/09/2020 Men ACWY con		
MENINGOCocco Y	1 - 10/09/2020 Men ACWY con		
MENINGOCocco W135	1 - 10/09/2020 Men ACWY con		
ROTAVIRUS	1 - 05/03/2008 Rotavirus	2 - 18/04/2008 Rotavirus	
CORONAVIRUS	2 - 17/08/2021 mRNA	2 - 21/09/2021 mRNA	3 - 22/01/2022 mRNA

 **ASLMediocampidano**
Area Socio - Sanitaria Locale
Il Dirigente Medico di Igiene Pubblica
COD.MJVBQ1
Dr. Antonio Oi



SAN GAVINO MONREALE, il 03/05/2022

L'operatore sanitario



Education

SCHOOL NAME

Istituto Scolastico Piga

SCHOOL STREET ADDRESS

Via Regione Sarda 60

CITY Villacidro	STATE CA	ZIP CODE 09039	COUNTRY Italy
PHONE NUMBER 070 932031		EMAIL ADDRESS OR WEBSITE CAPC06000P@istruzione.it	
CURRENT GRADE/LEVEL 11		EXPECTED YEAR OF GRADUATION 2026	

What is your academic standing in the class?

Language

What is your primary Language? Italian

Other languages	Year Studied	Speaking ability			
English	5	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Excellent
German	2	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Excellent
French	2	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Educational Background



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7a Academic Record / Transcript Of Grades

Student Name: Giada Piras

AFS ID: 23-05217

Anticipated Month and Year of Graduation from Secondary School: June / 2026

THIS FORM SHOULD BE COMPLETED BY A SCHOOL OFFICIAL. Note: Please be sure that courses and grades from current and two previous years are included. If current grades are not available, please list current courses.

School Information

School Name: Istituto Scolastico Piga

Address: Via Regione Sardegna 60

Telephone: 070 932031

Email: CAPC06000P@istruzione.it

Name of Principal: Maria Rita Aru

Name of Exchange Coordinating Staff: Elena Frattali

This school may be best described as the following (check all that apply) Public Private University preparatory Vocational Other:

Student Status

Student's current year in school: 11

Rank in class or other grouping: Not applicable for ITALY Current GPA/average grade: Not applicable for ITALY

If your school does not rank students numerically, indicate the student's standing in relation to others in the class:

Top quartile 2nd quartile 3rd quartile Final quartile

By end of current school year student will have had 5 years of primary and 6 years of secondary schooling.

Explanation of Grading System

Outstanding: 9/10 (rather unusual grades)

Very Good: 8

Good: 6/7

Average/fair: 5

Poor: 4

Failing: 2/3

Language Proficiency

Foreign Language: French

English	P	F	G	E
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other language	P	F	G	E
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Proficiency (P = Poor, F = Fair, G = Good, E = Excellent)

Student Advancement/attendance

Has the student missed or repeated a year or semester? No

If yes, indicate which year/semester and give reason: -

Is there a history of frequent absences of two or more a month? No

If yes, attach an explanation: -



Il Dirigente Scolastico
Dott.ssa Maria Rita Aru

Maria Rita Aru

Educational Background



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7b Academic Record / Transcript Of Grades

Student Name: Giada Piras AFS ID: 23-05217 Month and Year of Graduation: June / 2026

Attaching an official transcript is encouraged. In addition, please fill in the courses and grades below. A school official must certify that the grades below are correct by affixing a school seal or stamp and signing here.

Name: Perria Graziella

Date: 12/12/2023

CURRENT ACADEMIC YEAR

COURSES	FINAL GRADE	COURSES	FINAL GRADE
French foreign language and culture	8	physics	8
French conversation	7	Italian language and literature	8
German foreign language and culture	7	physical education and Sports	8
English foreign language and culture	8	natural Science	8
philosophy	6	history and civic education	7

PREVIOUS ACADEMIC YEAR

PRIOR ACADEMIC YEAR

COURSES	FINAL GRADE	COURSES	FINAL GRADE
Italian language and literature	7	Italian language and literature	8
Latin language	10	Latin language	10
French foreign language and culture	9	French foreign language and culture	9
English foreign language and culture	8	English foreign language and culture	9
German foreign language and culture	9	German foreign language and culture	9
history and geography	9	history and geography	9
mathematics and computer science	10	mathematics and computer science	10
natural Science	8	natural Science	10
physical education and Sports	9	physical education and Sports	8
civic education	9	civic education	10
conduct mark	10	conduct mark	10

CURRENT ACADEMY YEAR

CURRENT ACADEMY YEAR

Art History	9	Mathematics	6
Physical education and sports	8		

Students personality

Please comment on the student's personality and motivation: I am pleased to have the opportunity to recommend Giada Piras , one of my students for the past three years at Liceo Piga in Villacidro . In the first two years , she studied Geostoria and Latin , and now , in the last three years , she has been focusing on Italian Language and Literature . From the beginning , she has proven to be a precise and punctual student in completing assignments , with impeccable preparation not only in my subjects but in all disciplines covered by her language-focused high school curriculum . It is clear that she is a highly motivated individual with a well-established study method , responsible and perseverant , as evidenced by her grades , which are above the class average . Throughout these years , Giada has also demonstrated the willingness to overcome her shy nature , showing the ability to handle situations that typically cause discomfort for a reserved person , and overcoming them calmly . She is a mature , sensitive , and particularly self-aware young woman ,**

How long have you known the student? Three Years

Writer's signature and title: Graziella Perria Date: 12/12/2023

** cognizant not only of her strengths but also her limitations . The latter do not serve as a setback for her but rather as a challenge to overcome . Her humility sets her apart , making her capable of working collaboratively with anyone without losing her authentic self . I am strongly convinced that this experience could represent another significant challenge for her , and I am equally certain that she will succeed .

In conclusion , I believe she would be a good fit for your program and would have the great opportunity to enhance her skills . If you have any further questions , please do not hesitate to contact me .

Sincerely,

GRAZIELLA PERRIA .



Dott.ssa Maria Rita A.
M. Rita

Educational Background



ENGLISH LANGUAGE RECOMMENDATION FORM

Student Name PIRAS GIADA

Name of instructor: ZEDDA ALESSANDRA School or Institute affiliated with: LICEO LINGUISTICO

Length of time this student has been in your English class: 1 YEAR EPIDA - VILLACIDRO

Average number of hours per week: 4

Please place a check mark next to the level which best describes this student's abilities in the following skill areas.

PART I : ORAL/AURAL

Level 1: Understands simple questions and statements regarding simple personal information such as age, nationality, family members, daily routines, etc. if spoken slowly and distinctly. Asks and answers simple questions and statements. However, vocabulary is inadequate to express anything but the most elementary needs. Errors in grammar and pronunciation are frequent.

Level 2: Understands, asks and answers most questions and statements. The student can get the main idea of most conversations at normal speed on familiar topics. Able to converse in most social situations on topics such as school, work, family, but without complete control of structure. Can understand and follow simple oral instruction given in a classroom setting.

Level 3: Understands most informal questions, statements and conversations at normal speed. Understands classroom lectures on familiar topics. Participates effectively in social conversations and classroom discussions making only occasional errors. Control of grammar is good and errors never interfere with ability to be understood. Can make 2-3 minute presentations on a pre-assigned topic in a classroom setting.

Level 4: Understands and participates effectively in any conversation with an advanced degree of fluency. Errors are rare and informal interpreting to and from the language can be handled. Understands classroom lectures at normal speed and takes notes effectively. Understands the main idea of news reports on television or radio. Can make presentations of 10-15 minutes.

Level 5: Speaking proficiency is near equivalent to that of a native speaker. Can give full presentations of varying lengths in a classroom setting and answer questions from the audience with ease. Can participate effectively in classroom debates.

PART II : READING

Level 1: Reads and understands short elementary level materials for non-native speakers of a narrative, descriptive, or process nature with a vocabulary of approximately 200 words.

Level 2: Reads and understands most narrative and descriptive texts of varying lengths. Reads and understands elementary expository writing such as short texts on science, history, current events; information from the Internet and short newspaper and magazine articles with frequent use of a bilingual dictionary.

Level 3: Reads and understands most expository materials and specialized materials with frequent use of a bilingual dictionary. Can read short stories with good comprehension of plot when given cultural explanations. Can read short magazine and newspaper articles.

Level 4: Reads and understands general expository material and specialized texts with use of an all-English dictionary. Can understand figurative language and recognize an author's purpose in writing. Can read all magazines and newspapers.

Level 5: Reads and understands general expository material from all sources, displays ability to extract salient elements and rarely needs a dictionary. Can read and analyze literature written in English (short stories, novels, plays, and poetry) in terms of plot, character, mood, setting, and theme.

PART III: WRITING

Level 1: Writes statements and questions on simple personal topics such as age, nationality, family members, daily routines, etc. with minimum control of basic patterns.

Level 2: Can write organized descriptive or narrative paragraphs and can produce short compositions (2-3 paragraphs) when given a model. Can write short letters to friends and fill out simple forms requesting personal information such as customs cards, hotel registration form, etc.

Level 3: Can write a 4-6-paragraph narrative, descriptive, or expository composition with good organization including introduction and conclusion and relatively few errors in structure and language use. Can write formal/business letters to request information, or respond to requests.

Level 4: Can write persuasive, argumentative, compare and contrast essays with only occasional errors and good control of organization. Can outline, draft and revise essays with minimal guidance.

Level 5: Can handle all forms of written expression. Writes with only occasional errors in idiom and demonstrates excellent control of organization.

PART IV: WRITING SAMPLE

Please have the student write a short composition in response to ONE of the three questions below. Please ensure that the student writes this composition by him or herself without assistance from others. (A dictionary can be used) Student should attach an additional piece of paper. This composition must be written by hand and not typed.

1. Who has had the greatest influence on your life and your development? Why?
2. How do you think others will see you when you go away on your exchange? What prejudices do you think you will have to face?
3. In what way has Internet influenced ^{VITA QUOTIDIANA} your day to day life? Do you use e-mail to correspond or get in touch with friends? Are you a member of a Community



Instructor Signature

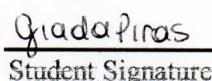


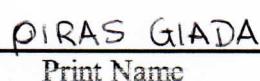
Print Name

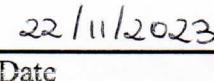


Date

*Please be advised that some high schools in the United States and other countries require that students submit their score on the ELTIS (English Language Test for International Students) Test in addition to this recommendation form.


Student Signature


Print Name


Date

WRITING SAMPLE (3rd question)

Usually I use Internet for many hours during my day to day life.

Especially to browse on social media, like TikTok, Instagram or Snapchat.

In my opinion, Internet has influenced me negatively, because the social media sometimes take away time from some experience in my life or better things that I could do during the day.

Also I think the Internet could be useful in my life, in fact I can find easily all the information that I need, so it helps me with my homework or to study, but also I can discover new cultures and customs through some research.

I believe that Internet is really important because through it I can get information about all the happenings in the World, so it could be a tool to raise awareness.

One of the advantages of using Internet is the opportunity to watch films, TV series and videos in another language or with the subtitles, so it could help me to learn^a language.

Other advantages are: the possibility to do shopping online from home, for example clothes, books or cosmetics, and to preserve memories by making photos and videos.

But also is really important the conscious use of Internet.

Now I'm not a member of a community, but some months ago I was part of an Instagram Community, where an influencer ~~suggested~~ gave advice on make-up products, clothes, shops, and she talked about some experiences she has lived.

I usually get in touch with friends through texts on WhatsApp or phone calls, but I prefer talking to them in real life.

Giada Piras

22/11/2023

MY LETTER

Hi! I'm Giada!

My family and friends would describe me as a person initially shy, but very nice, kind and welcoming; with my family and my friends I am always available to talk and listen to them and I am purposeful, we have a great relationship and I like spending time with them. We support each other.

I usually ask a lot of advice from my parents, especially at times when I don't know how to solve a situation on my own and they make me feel reassured. I believe that parental advice is very important for every teenager.

In my life I consider school and study very important especially for my future, in fact I dedicate many hours to the study. Among my main interests is sports. I have done athletics $\frac{3}{4}$ times a week for 5 years, and it is my passion: I like staying with my teammates, visiting different countries for races and have my satisfactions. I've always had an interest in sports, in fact before athletics, when I was younger, I did dance, swimming and volleyball.

I also like listening to music and going to the concerts, although I don't have a favorite genre. One thing that makes me feel good is to travel, to any country or city, visit the place and get to know new cultures, new people and live new experiences.

During the summer I attended a summer camp in my country with children, it lasted three weeks. I loved it, especially dancing and playing with children.

Sometimes in my daily life I find it hard to be confident or face my shyness with people. An obstacle that I have often faced in fact, was having the courage to ask a teacher for help both in terms of study and other things, but my parents encouraged me to try, so I did it, and it was less scary than I expected.

I am very enthusiastic about this program. My main personal goals are to learn the local language, improve my English, get to know a new culture different from that in Italy, get to know new people, learn how to cook typical local food and leave something of mine from Italy.

In my school in my country I study English, French and German and I have passed the exam B1 of English, and this year I will take the B1 of French, so for the first months I could help me with the English language. My favorite subjects are languages, because I think they are very useful for the job in the future, in fact I hope to work in another country.

Another subject that I really like is philosophy, because I'm curious about the thoughts of the philosophers and I can learn a lot of things.

I'm rather good at school, I don't have bad grades, and also I'm good at subjects I don't like. My teachers are very happy.

In the future I have the idea to travel, continue to study languages at university and work without staying in a fixed place. I don't know yet where I would like to work, but I would like to try volunteering and find a job that will allow me to open my mind and get to know many people.

Sincerely,

Giada

Your Photos



NAME : trentino.jpg

DESCRIPTION : Me and my friends in Trentino for an athletic competition



NAME : gara.jpg

DESCRIPTION : Me and my teammates after winning the relay race

Your Photos



NAME : cugisore.jpg

DESCRIPTION : Me, my cousin and my little sister at my Confirmation



NAME : zia.jpg

DESCRIPTION : Me and my aunt

Your Photos



NAME : concert.jpg

DESCRIPTION : Me and my best friends at a concert



NAME : atle.jpg

DESCRIPTION : Me to an athletic competition

Your Photos



NAME : pp - Copia.jpg

DESCRIPTION : Me, my parents and my sister



NAME : gg.jpg

DESCRIPTION : Me after my Confirmation



Connecting Lives. Sharing Cultures

AFS Application Form**Parent Statement**

CANDIDATE NAME

Giada Piras

HOME COUNTRY

Villacidro

Please provide a brief statement about your son/daughter covering his/her:

- 1** Relationship with you and your family.
- 2** Relationship with others.
- 3** Reactions to disagreement and discipline.
- 4** What is the amount of parental supervision required by your child?
- 5** How does your child handle challenging or difficult situations?
- 6** Reactions to being away from home in the past.
- 7** Please also discuss any factors (e.g., dietary, physical, or health limitations) which you believe should be considered in placing your child in a new environment.

Please type and attach your response to this form, or write legibly in black ink.

The relationship between us and Giada is quite serene , of course there are also moments of disagreement that however , after a chat of confrontation , are resolved in a short time . Giada is a sensitive and introverted girl, but this does not create limits but it is an opportunity to overcome and challenge their limits , she does not like to leave things in the middle but is committed to completing them and achieve the goals she has set herself . Giada is very mature and responsible for this we give her the freedom to move independently, of course first we must communicate where she goes.

Giada is very committed both in school activities, where it gets excellent results, and in extra-academic activities. Outside the school Giada is committed to athletics, constantly participates in training and is committed to overcoming their limits and improve their personal records. Giada last summer has been part of a summer group of children's entertainment, an experience that has given her the opportunity to grow and confront others.Giada is a girl with a great desire to have new experiences,is very determined and fully committed to achieving its goals.Giada also cooperates in household chores and is very respectful of rules both in the family and at school and towards the neighbor.Giada in the past had, for short periods, experiences away from us, such as summer camps and athletics championships, overcoming the detachment from the family in a very serene.We are very proud that Giada has decided to undertake this program and we are convinced that for her it is an excellent opportunity for growth both personal and school skills.

Sincerely

Francesco Piras
Daniela Loru

Parental Authorization



Connecting Lives, Sharing Cultures

AFS Application Form

Parental Authorization Form

CANDIDATE NAME

PIRAS GIADA

HOME COUNTRY

VILCACIDRO

CONSENT

The candidate application, pages 1 to 11, is incorporated herein by reference and this consent form exclusively applies to the candidate application.

I understand that my privacy is very important to AFS and that prior to participating in the inquiry application process in which any of my personal or sensitive information ("personal data") may be collected, AFS would like to inform me about its data protection and privacy policies and obtain my permission.

I understand and accept that AFS may process the personal and sensitive information that I have provided here, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS inquiry application process and the AFS program. I understand that the data will not be sold or otherwise transferred to third parties for purpose. AFS will transfer and store personal data in central databases in at least two locations to ensure that the data is not lost. Currently those locations are in the United States of America and in Thailand. Those databases have a restrictive access and can only be accessed by AFS employees or volunteers, both of which will use the information exclusively for the management of the AFS program operations.

By signing below, you explicitly acknowledge that AFS Intercultural Programs, Inc., its national and regional affiliates and Partner organizations (herein referred to as "AFS") are entitled to process the personal data being provided by me (including all sensitive personal data being provided) in the manner described above. You also acknowledge and confirm that all provided personal data is accurate and complete.

PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

We agree for photographs, recordings, film and video footage (the "images") of our child that are taken during or in connection with program participation to be used by AFS in promotional AFS materials. Promotional materials may include for example brochures, press releases, social media campaigns, etc. By checking the below boxes we grant to AFS the right to use, publish and/or reproduce the images of our child in promotional materials, and use her/his name in connection with the images.

Agree.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FOR RELEASE OF MEDICAL INFORMATION

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

We hereby also authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

CANDIDATE NAME PIRAS GIADA	SIGNATURE Giada PIRAS
PARENT/GUARDIAN 1 NAME* PIRAS FRANCESCO	SIGNATURE Francesco PIRAS
PARENT/GUARDIAN 2 NAME* LORE DANIELA	SIGNATURE Lore DANIELA
DATE 06 / 12 / 2023	PLACE VILCACIDRO

* Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in the country of residence.



Connecting Lives, Sharing Cultures

ID# 23-05217 Name: Sig.ra Giada Piras

AFS Application Form

Passport Information

NAME ON PASSPORT	PASSPORT NUMBER
PASSPORT ISSUE DATE	PASSPORT EXPIRATION DATE
PLACE OF ISSUE	REMINDER: The name you use in the application needs to be the exact same as in your passport.



Ministero dell'Istruzione e del Merito

Istituzione Scolastica	LICEO CLASSICO STATALE "E. Piga" - VILLACIDRO VILLACIDRO (CA)
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Scuola Secondaria di Secondo Grado Statale	CAPC06000P Via Regione Sarda, 60 09039 VILLACIDRO (CA)
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Pagella Scolastica

Dati anagrafici dello studente		
<u>PIRAS</u> COGNOME	<u>GIADA</u> NOME	<u>PRSGDI08A43B354S</u> CODICE FISCALE
<u>03/01/2008</u> DATA DI NASCITA	<u>CAGLIARI</u> COMUNE DI NASCITA	<u>CA</u> PROV. O STATO ESTERO

Posizione scolastica dello studente	Anno Scolastico 2022/2023
N. REGISTRO GEN. <u>2</u> CLASSE <u>LA</u> SEZIONE <u>QUESTO ISTITUTO</u> PROVENIENZA	
TITOLO DI AMMISSIONE (1) <u>LICEO LINGUISTICO</u> INDIRIZZO	ISCRIZIONE PER LA <u>1</u> VOLTA (2)
	Dott.ssa Anna Maria DEIDDA Il Dir. Serv. Gen. e Amm. (3)

VILLACIDRO, 20/07/2023

Dott.ssa Maria Rita ARU
Il Dirigente Scolastico (3)

PIRAS COGNOME	GIADA NOME	PRSGDI08A43B354S CODICE FISCALE	CAPC06000P CODICE ISTITUTO	2022/2023 ANNO SCOLASTICO
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DISCIPLINE	VALUTAZIONE PERIODICA PRIMA FRAZIONE TEMPORALE							
	SCRITTO		ORALE		PRATICO		ALTRO	ORE ASSENZA
LINGUA E LETTERATURA ITALIANA	7	SETTE	7	SETTE				2
LINGUA LATINA			9	NOVE				2
LINGUA E CULTURA STRANIERA <u>FRANCESE</u>	9	NOVE	9	NOVE				4
LINGUA E CULTURA STRANIERA <u>INGLESE</u>	9	NOVE	8	OTTO				4
LINGUA E CULTURA STRANIERA <u>TEDESCO</u>	9	NOVE	9	NOVE				2
STORIA E GEOGRAFIA			9	NOVE				2
MATEMATICA E INFORMATICA	9	NOVE	7	SETTE				3
SCIENZE NATURALI (BIOLOGIA, CHIMICA E SCIENZE DELLA TERRA)			7	SETTE				1
SCIENZE MOTORIE E SPORTIVE					9	NOVE		
EDUCAZIONE CIVICA			8	OTTO				
COMPORTAMENTO							10	DIECI

ANNOTAZIONI (4)

VILLACIDRO, 20/07/2023

Il (i) titolare (i) della resp. genitoriale

Dott.ssa Maria Rita ARU

Il Dirigente Scolastico (3)

PIRAS	GIADA	PRSGDI08A43B354S	CAPC06000P	2022/2023
COGNOME	NOME	CODICE FISCALE	CODICE ISTITUTO	ANNO SCOLASTICO

DISCIPLINE	SCRUTINIO FINALE		ESAMI
	VOTO UNICO (in lettere)	Totale ore assenza	
LINGUA E LETTERATURA ITALIANA	SETTE	4	
LINGUA LATINA	DIECI	3	
LINGUA E CULTURA STRANIERA FRANCESE	NOVE	6	
LINGUA E CULTURA STRANIERA INGLESE	OTTO	5	
LINGUA E CULTURA STRANIERA TEDESCO	NOVE	4	
STORIA E GEOGRAFIA	NOVE	5	CREDITO SCOLASTICO
MATEMATICA E INFORMATICA	DIECI	5	
SCIENZE NATURALI (BIOLOGIA, CHIMICA E SCIENZE DELLA TERRA)	OTTO	2	Media dei voti conseguiti nello scrutinio finale: 8.91 Credito scolastico attribuito nell'anno scolastico in corso: 0
SCIENZE MOTORIE E SPORTIVE	NOVE	1	
EDUCAZIONE CIVICA	NOVE	1	
COMPORTAMENTO	DIECI		(5) Ammessa

ANNOTAZIONI (4)

VILLACIDRO, 20/07/2023

Il (i) titolare (i) della resp. genitoriale

Dott.ssa Maria Rita ARU

Il Dirigente Scolastico (3)

PIRAS COGNOME	GIADA NOME	PRSGDI08A43B354S CODICE FISCALE	CAPC06000P CODICE ISTITUTO	2022/2023 ANNO SCOLASTICO
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**VALIDITÀ DELL'ANNO SCOLASTICO
(Art. 14, comma 7 del D.P.R. n. 122/2009)**

Ai fini della validità dell'anno e dell'ammissione allo scrutinio finale, l'alunno/a*:

- [X] ha frequentato per almeno tre quarti dell'orario annuale;
 [] non ha frequentato per almeno tre quarti dell'orario annuale, ma ha usufruito della deroga;
 [] non ha frequentato per almeno tre quarti dell'orario annuale.

RISULTATO FINALE

Visti i risultati conseguiti si dichiara che

l'alunno/a è stato/a Ammessa ⁽⁷⁾.

VILLACIDRO, 20/07/2023

Dott.ssa Maria Rita ARU

Il (i) titolare (i) della resp. genitoriale

Il Dirigente Scolastico (3)

-
- (1) PROMOZIONE; IDONEITÀ; QUALIFICA; Idoneità all'ultima classe a seguito di esito positivo dell'esame preliminare e mancato superamento esami di Stato.
 (2) PRIMA; SECONDA; TERZA.
 (3) La firma è omessa ai sensi dell'Art. 3, D.to Lgs. 12/02/1993, n. 39.
 (4) "Il riquadro può essere utilizzato anche:
 • per l'annotazione delle materie Art. 4, comma 6 del D.P.R. 122/2009;
 • per l'annotazione prevista dall'Art. 9, comma 1 del D.P.R. 122/2009;
 • per eventuali altre annotazioni o indicazione di rilascio di certificazione".
 (5) Per le classi terminali indicare: ammesso/a agli esami – non ammesso/a agli esami.
 (6) Solo per esami di qualifica professionale.
 (7) promosso/a – non promosso/a.
 Per le classi terminali indicare: ammesso/a – non ammesso/a.

**VALIDITÀ DELL'ANNO SCOLASTICO
(Art. 14, comma 7 del D.P.R. n. 122/2009)**

Ai fini della validità dell'anno e dell'ammissione allo scrutinio finale, l'alunno/a*:

- ha frequentato per almeno tre quarti dell'orario annuale;
- non ha frequentato per almeno tre quarti dell'orario annuale, ma ha usufruito della deroga;
- non ha frequentato per almeno tre quarti dell'orario annuale.

* barrare la voce che interessa



Ministero dell'Istruzione, dell'Università e della Ricerca

Istituzione scolastica	LICEO CLASSICO STATALE "E. Piga" - VILLACIDRO VILLACIDRO (CA)
Scuola Secondaria di Secondo Grado Statale	CAPC06000P Via Regione Sarda, 60 09039 VILLACIDRO (CA)

RISULTATO FINALE

Visti i risultati conseguiti si dichiara che

l'alunno/a è stato/a Ammessa. (7)

VILLACIDRO, 15/07/2022

Il (i) genitore (i) o chi ne fa le veci

Dott.ssa Maria Rita ARU
Il Dirigente Scolastico (3)

Pagella Scolastica

Dati anagrafici dello studente

PIRAS COGNOME	GIADA NOME	PRSGDI08A43B354S CODICE FISCALE
03/01/2008 DATA DI NASCITA	CAGLIARI COMUNE DI NASCITA	CA PROV. O STATO ESTERO

Posizione scolastica dello studente

Anno Scolastico 2021/2022
 0 N. REGISTRO GEN. 1 CLASSE LA SEZIONE CAMM896014 PROVENIENZA

TITOLO DI AMMISSIONE (1)

LICEO LINGUISTICO
INDIRIZZO

ISCRIZIONE PER LA 1 VOLTA (2)

Dott.ssa Anna Maria DEIDDA
Il Dir. Serv. Gen. e Amm. (3)

NOTE

(1) PROMOZIONE; IDONEITA'; QUALIFICA; Idoneità all'ultima classe a seguito di esito positivo dell'esame preliminare e mancato superamento esami di Stato.

(2) PRIMA; SECONDA; TERZA.

(3) La firma è omessa ai sensi dell'Art. 3, D.to Lgs. 12/02/1993, n. 39.

(4) "Il quadro può essere utilizzato anche:

- per l'annotazione delle materie Art. 4, comma 6 del D.P.R. 122/2009;
- per l'annotazione prevista dall'Art. 9, comma 1 del D.P.R. 122/2009;
- per eventuali altre annotazioni o indicazione di rilascio di certificazione".

(5) Per le classi terminali indicare: ammesso/a agli esami – non ammesso/a agli esami.

(6) Solo per esami di qualifica professionale.

(7) promosso/a – non promosso/a.

Per le classi terminali indicare: ammesso/a – non ammesso/a.

VILLACIDRO, 15/07/2022

Dott.ssa Maria Rita ARU
Il Dirigente Scolastico (3)

DISCIPLINE	VALUTAZIONE PERIODICA PRIMA FRAZIONE TEMPORALE						SCRUTINIO FINALE	ESAMI
	SCRITTO		ORALE		PRATICO	ALTRO		
LINGUA E LETTERATURA ITALIANA	8	OTTO	8	OTTO			2	
LINGUA LATINA			9	NOVE				
LINGUA E CULTURA STRANIERA FRANCESE	9	NOVE	7	SETTE			1	
LINGUA E CULTURA STRANIERA INGLESE	10	DIECI	8	OTTO			2	
LINGUA E CULTURA STRANIERA TEDESCO	10	DIECI	10	DIECI				
STORIA E GEOGRAFIA			9	NOVE			2	
MATEMATICA E INFORMATICA	10	DIECI	8	OTTO			1	
SCIENZE NATURALI (BIOLOGIA, CHIMICA E SCIENZE DELLA TERRA)			9	NOVE			1	
SCIENZE MOTORIE E SPORTIVE					7	SETTE	2	
EDUCAZIONE CIVICA			9	NOVE				
COMPORTAMENTO						10	DIECI	
							DIECI	

ANNOTAZIONI (4)



Confidential Placement Summary

1 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

Cagliari
Name of the closest large city

55

Distance

150000

Population

2 HOME ENVIRONMENT

Who lives at home? Sara Lives With Her Parents And Her 8 Year Old Sister

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.

The House Is Tidy And Clean

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

3 FAMILY COMMUNICATION/INTERESTS

Please check all that apply:

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

What are the family's shared activities?

The Family Has Lunch Together Every Day. The Girls Often Have Dinner With Their Grandparents Because Their Parents Work In Restaurants. The Family Follows Giada In Her Athletics Activity

4 CANDIDATE PERSONALITY

Comment on the candidate's attitude towards school:

Giada Attends School With Passion And Dedication. She Is Very Good And Has An Excellent Relationship Of Respect And Trust With The Teachers And She Gets Along Well With Her Classmates

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

Giada Trains In Athletics Two/three Times A Week And Takes Part In Competitions

Please check all that apply:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Introverted | <input checked="" type="checkbox"/> Studious | <input type="checkbox"/> Loner | <input type="checkbox"/> Talkative | <input checked="" type="checkbox"/> Patient |
| <input checked="" type="checkbox"/> Group oriented | <input type="checkbox"/> Musical | <input type="checkbox"/> Extroverted | <input checked="" type="checkbox"/> Flexible | <input checked="" type="checkbox"/> Shy |
| <input type="checkbox"/> Late night person | <input type="checkbox"/> Moody | <input checked="" type="checkbox"/> Independent | <input type="checkbox"/> Artistic | <input type="checkbox"/> Fun-loving |
| <input type="checkbox"/> Easy to please | <input checked="" 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 checked="" type="checkbox"/> Quiet |
| <input checked="" type="checkbox"/> Listener | <input checked="" type="checkbox"/> Group activities | <input type="checkbox"/> Eager to please | <input type="checkbox"/> Dancer | |
| <input type="checkbox"/> Other | | | | |

5 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:

We Volunteers Trust Giada A Lot And Believe That She Has Great Possibilities Of Having A Wonderful Experience Anywhere. During The Selection, She Immediately Declared Her Open-Mindedness To The World. The Girl Strongly Desires To Spend The Year Abroad And She Has High Expectations; Her Family Supports Her. If Giada Manages To Have The Experience Abroad, It Will Be A Very Important Enrichment For Her Life As An Adult

Do the volunteers in your area support this candidate? Yes No

Was an in-home informational interview conducted with the candidate and family? Yes No Date : 6 Dec 2023

Other comments:

Nome, cognome volontario Federica Liscia