

HOST SCHOOL INFORMATION

- To ensure timely and adequate matching of potential interns, please return this form to IIP as soon as possible.
- It is IIP's policy **NOT** to place female interns in single male / male interns in single female households.
- [To complete this form in Word.doc format:](#) **double-click** each box [in here](#) to check mark or add relevant details.

A. SCHOOL DETAILS

School Name:			
Principal	Mr. Mrs. Ms. Dr.	Name:	
Address			
City / Town		Direct Tel:	(1)
State / County		Mobile No.:	(1)
Post Code:		School Fax	(1)
Direct Email		Website / URL:	www.

Host Teacher	Mr. Mrs. Ms. Dr.	Name:	
Direct Tel:	(1)	Direct Email:	

B. LOCATION

Locality	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	Population	
Main City	(nearest)	Distance	(to nearest city)
Transport	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Private Car <input type="checkbox"/> Other:		

C. ABOUT THE SCHOOL

<input type="checkbox"/> Public/ State <input type="checkbox"/> Private <input type="checkbox"/> Independent			School Level	<input type="checkbox"/> Kindergarten
Population	Students	Staff		<input type="checkbox"/> Elementary / Primary
Age Range	(youngest) to (oldest)			<input type="checkbox"/> Middle / Jr. High School
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both			<input type="checkbox"/> High / Secondary School

D. SCHOOL TERM DATES

Term 1:	Start:	End:	Term 3:	Start:	End:
Term 2:	Start:	End:	Term 4:	Start:	End:

E. PAST INTERNS (if applicable)

MM / YYYY	Name:	MM / YYYY	Name:
MM / YYYY	Name:	MM / YYYY	Name:

F. CURRENT SCHOOL DIVERSITY

	Staff	Intern	No.	Comments
Country	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

- *What languages are spoken in your school / community?*

School		Community	
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G. PREFERENCES - INTERN

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	<input type="checkbox"/> Smoker <input type="checkbox"/> Non <input type="checkbox"/> Either
Nationality:	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Thai <input type="checkbox"/> Other:	

<input type="checkbox"/> I can accept an intern with a child. <input type="checkbox"/> No children	Comment:
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• POSSIBLE STARTING DATES

1 st Choice:	2 nd Choice:	3 rd Choice:
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• LENGTH OF STAY

Place (1-4) in order of preference (1 = most preferred).	[] 12 [] 9 [] 6 [] 3 (months)
Can internships less than 12 months be extended?	<input type="checkbox"/> Yes (by mutual agreement) <input type="checkbox"/> No

H. ARRIVAL INFORMATION *(The most convenient place for you – please provide full details below).*

Please indicate order of preference for pick up location.	[]: Airport []: Train Station []: Bus Station []:
Name:	
Location:	
Other Details:	

I. VACATION (SUMMER CAMP)

Is there an opportunity for the intern to join a summer camp program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but another school.
Details:	

J. CURRENT LANGUAGE COURSES

Is your school currently offering any language courses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Language		<input type="checkbox"/> Compulsory	Hours Taught per Week	Class Size
Language		<input type="checkbox"/> Compulsory	Hours Taught per Week	Class Size
Language		<input type="checkbox"/> Compulsory	Hours Taught per Week	Class Size

K. LESSON PREPARATION / PRESENTATION FACILITIES

Workspace:	
Media Systems	<input type="checkbox"/> Overhead Projector <input type="checkbox"/> Slide Projector <input type="checkbox"/> Computer <input type="checkbox"/> DVD / Video <input type="checkbox"/> Other:
	<input type="checkbox"/> PAL only <input type="checkbox"/> NTSC <input type="checkbox"/> Multi System <input type="checkbox"/> Other:
<i>Pal system is used for France, Germany and Spain. NTSC for USA, Canada and Japan.</i>	
Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Is there anything left from previous intern?)</i>

L. ROLE OF THE INTERN

<input type="checkbox"/>	Role #1. Language Teaching Assistant – will support the teacher of their language.
<input type="checkbox"/>	Role #2. Cultural Presenter – will share and promote their culture within the school.
<input type="checkbox"/>	Role #3. General Teaching Assistant – will support general teaching staff <i>(should not be the main focus for Cultural Presenters)</i>
<input type="checkbox"/>	Role # 4. Special Education Teaching Assistant – will support teachers of special needs students <i>(specialized area)</i>



• **Role #1 “Language Teaching Assistant” – What level of language is required?**

<input type="checkbox"/> Beginner (Words)	<input type="checkbox"/> Elementary (Phrases)	<input type="checkbox"/> Intermediate (Dialog)	<input type="checkbox"/> Advanced (Discussion)
Please give full details.			
Hours / Week:	Grades:	Class Size:	Class Length: (mins)

• **Role #2 “Cultural Presenter” - What traditional and cultural aspects would you like introduced?**

<input type="checkbox"/>	Arts & Crafts:	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Paper Folding	<input type="checkbox"/> Traditional Cuisine	<input type="checkbox"/> Costumes
<input type="checkbox"/>	Performances:	<input type="checkbox"/> Tea Ceremony	<input type="checkbox"/> Dance / Drama	<input type="checkbox"/> Music	<input type="checkbox"/> Instruments
<input type="checkbox"/>	Sports & Games:	<input type="checkbox"/> Self-Defense	<input type="checkbox"/> Traditional Games	<input type="checkbox"/> Festivals	<input type="checkbox"/> Events
<input type="checkbox"/>	Lifestyles:	<input type="checkbox"/> School Life	<input type="checkbox"/> Housing	<input type="checkbox"/> Daily Life	<input type="checkbox"/> Politics
Please give full details.					
Hours / Week:	Grades:	Class Size:	Class Length: (mins)		

• **Role #3 “General Teaching Assistant” - What subjects / teaching areas are preferred?**

Please give full details.			
Hours / Week:	Grades:	Class Size:	Class Length: (mins)

• **Role #4 “Special Education Assistant” – How will the intern be utilized?**

Please give full details.			
Hours / Week:	Grades:	Class Size:	Class Length: (mins)

• **Are you planning to co-host the intern with another school?** Yes No

Please give full details.			
Hours / Week:	Grades:	Class Size:	Class Length: (mins)



M. HOST SCHOOL ACKNOWLEDGEMENT

I acknowledge that I have read and understand our responsibilities as the 'Host School', which are outlined in the 'International Presenters – Program Guide for Hosts'.

For the duration of the intern's stay, we agree to:

- Provide the intern with accommodation on the condition they contribute an **agreed amount*** per month. * Fee is negotiable and will be confirmed prior to finalizing the placement – please consult your IIP contact for details. If the amount has already been agreed, please enter here: \$ **CAD**. IIP's benchmark is that host family contributions start from **\$280 CAD** per month – please bear in mind the intern is unpaid and will be contributing cultural enrichment to school and community. We greatly appreciate your consideration. If the fee is variable according to schedule or multiple hosts, where possible please indicate the circumstances below:

Date (Approx.)	Monthly Fee	Remarks (e.g. host name / reasons for fee change etc)
	\$ CAD	
	\$ CAD	
	\$ CAD	
	\$ CAD	

- Provide free lunches for every school day worked.
- Arrange the intern's transportation to and from school.
- Assist with finding suitable Host Family or Non-family accommodation.

Date		Name		Signature:
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(required)

(required)

If submitting by email, signature is not required.

Please return to your IIP Program Coordinator or Fax: 81+ 3-5754-4343 or Email: intl-presenters@interntraining.com

HOST FAMILY INFORMATION

- To ensure timely and adequate matching of potential interns, please return this form to IIP as soon as possible.
- It is IIP's policy **NOT** to place female interns in single male / male interns in single female households.
- [To complete this form in Word.doc format](#): **double-click** each box [in here](#) to check mark or add relevant details.

Country		State	
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A. HOST SCHOOL DETAILS

School Name:			
Principal	Mr. Mrs. Ms. Dr.	Name:	
Host Teacher	Mr. Mrs. Ms. Dr.	Name:	

B. HOST FAMILY INFORMATION

☆ I / WE ARE THE 1 st <input type="checkbox"/> HOST FAMILY.	From:	Until:
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• **KEY CONTACT**

Mr. Mrs. Ms. Dr.	Name:	Relationship to School:	
Occupation		Direct Tel.	(1)
Employer		Office Tel.	(1)

• **OTHER CONTACT**

Mr. Mrs. Ms. Dr.	Name:	Relationship to Key Contact:	
Occupation		Direct Tel.	(1)
Employer		Office Tel.	(1)

• **OTHER HOUSEHOLD MEMBERS**

Name:	M / F	Age:	Relationship:
Name:	M / F	Age:	Relationship:
Name:	M / F	Age:	Relationship:
Name:	M / F	Age:	Relationship:

• **LOCATION DETAILS**

Address			
City / Town		Direct Tel:	(1)
State / County		Mobile No.:	(1)
Post Code:		Direct Email	

Locality:	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural	Nearest		Population:
City / Town	<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input type="checkbox"/> Small	Main City:	(kms) to Main City	
Transport	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Private Car <input type="checkbox"/> None Other:					

• **LANGUAGE GENERALLY SPOKEN IN HOUSEHOLD**

<input type="checkbox"/> English	Other/s:
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• **PAST INTERNS** *Have you ever hosted an intern before?* Yes No

Year:	Name:	Nationality:	Months:
Year:	Name:	Nationality:	Months:



C. INTERN PREFERENCES

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	<input type="checkbox"/> Smoker <input type="checkbox"/> Non <input type="checkbox"/> Either
Nationality:	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Thai <input type="checkbox"/> Other:	

I <input type="checkbox"/> can / <input type="checkbox"/> can not accept an intern with a child.	Comment:
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• SMOKERS

There are <input type="checkbox"/> smokers / <input type="checkbox"/> non-smokers in our house.	Smoking is <input type="checkbox"/> allowed / <input type="checkbox"/> not allowed in the house.
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D. AMMENITIES AVAILABLE

There is a <input type="checkbox"/> personal / <input type="checkbox"/> shared bedroom available?	There is a <input type="checkbox"/> personal / <input type="checkbox"/> shared bathroom available?
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• INTERNET ACCESS

The internet <input type="checkbox"/> is / <input type="checkbox"/> is not available.	The intern <input type="checkbox"/> can / <input type="checkbox"/> can not use the host's computer.
The internet is also available at: (library, school)	

E. REGULAR FAMILY ACTIVITIES *(please include hobbies, community life)*

Details:

F. PETS *(please indicate which type of pet/s)*

<input type="checkbox"/> Dog/s <input type="checkbox"/> Cat/s <input type="checkbox"/> Poultry <input type="checkbox"/> Farm Animals <input type="checkbox"/> Reptiles <input type="checkbox"/> Other:
Are any of these animals indoor pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please give details)</i>
Details:

G. VACATION / HOLIDAYS

• Note: Vacation / holiday accommodation and / or activities are understood to be the intern's own responsibility.	
However, is there any possibility of arranging activities with/for him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any possibility the intern may stay in your house over the vacation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H. CULTURAL ACTIVITIES

Are there any cultural learning activities in your local area (Community colleges, language schools, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

I. ARRIVAL INFORMATION *(The most convenient place for you – please provide full details below).*

Please indicate order of preference for pick up location.	[]: Airport []: Train Station []: Bus Station []:
Details	(Name, Location)

J. OTHER INFORMATION / COMMENTS

Are there any family rules, or other information the intern should be aware of in advance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	



K. HOST FAMILY ACKNOWLEDGEMENT

As the **“Host Family”**, I acknowledge that I have read and understand our responsibilities as outlined in the ‘International Presenters – Program Guide for Hosts’.

For the duration of the intern’s stay, we agree to:

- Treat the intern as a member of the family and offer a home stay as enriching as possible.
- Provide room and board, including all meals (except lunch on school days) and utilities, for which the intern will contribute **the agreed amount of \$ CAD*** per month to help defray living expenses. * Fee is negotiable and will be confirmed prior to finalizing the placement with the school – please consult the school contact person for details.
- Discharge the intern without any hindrance, should something unexpected happen that prompts us, or the intern to terminate/shorten their stay.

Date		Name		Signature:
	<i>(required)</i>		<i>(required)</i>	<i>If submitting by email, signature is not required.</i>

L. Additional Details: (optional) - Please provide any family pictures or helpful information.

• **Our Message:**

Dear Intern,

• **Our Family / Location**

Please return to your IIP Program Coordinator or Fax: 81+ 3-5754-4343 or Email: intl-presenters@interntraining.com



• ***Helpful Information***

Local Weather:	http://www.
Homepage:	http://www.
Our Community:	http://www.
Other:	http://www.

Please return this form as soon as possible to [your IIP Program Coordinator](#) or the following:

Fax: 81-3-3818-4481 or **Email:** intl-presenters@intertraining.com