

- 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:	
State / County		Mobile No.:	
Post Code:		School Fax	
Direct Email		Website / URL:	www.

Host Teacher	Mr. Mrs. Ms. Dr.	Name:	
Direct Tel:		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 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:
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- **LENGTH OF STAY**

Place (1-4) in order of preference ( <i>1 = most preferred</i> ).	[ ] 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"/>	<b>Role #1. Language Teaching Assistant</b> – will support the teacher of their language.
<input type="checkbox"/>	<b>Role #2. Cultural Presenter</b> – will share and promote their culture within the school.
<input type="checkbox"/>	<b>Role #3. General Teaching Assistant</b> – will support general teaching staff ( <i>should not be the main focus for Cultural Presenters</i> )
<input type="checkbox"/>	<b>Role # 4. Special Education Teaching Assistant</b> – 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)
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Please give full details.

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

<input type="checkbox"/> <b>Arts &amp; Crafts:</b>	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Paper Folding	<input type="checkbox"/> Traditional Cuisine	<input type="checkbox"/> Costumes
<input type="checkbox"/> <b>Performances:</b>	<input type="checkbox"/> Tea Ceremony	<input type="checkbox"/> Dance / Drama	<input type="checkbox"/> Music	<input type="checkbox"/> Instruments
<input type="checkbox"/> <b>Sports &amp; Games:</b>	<input type="checkbox"/> Self-Defense	<input type="checkbox"/> Traditional Games	<input type="checkbox"/> Festivals	<input type="checkbox"/> Events
<input type="checkbox"/> <b>Lifestyles:</b>	<input type="checkbox"/> School Life	<input type="checkbox"/> Housing	<input type="checkbox"/> Daily Life	<input type="checkbox"/> Politics

Please give full details.

<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)
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• **Role #3 “General Teaching Assistant” - What subjects / teaching areas are preferred?**

Please give full details.

<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)
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• **Role #4 “Special Education Assistant” – How will the intern be utilized?**

Please give full details.

<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)
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• **Are you planning to co-host the intern with another school?**  Yes  No

Please give full details.

<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)
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**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 no more than **220 EURO** per month.
- 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.

<b>Date</b>	<b>Name</b>	<b>Signature:</b>
(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@intertraining.com](mailto:intl-presenters@intertraining.com)

- 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

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

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

#### • OTHER CONTACT

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

#### • 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:	
State / County		Mobile No.:	
Post Code:		Direct Email	

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

#### • 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.
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The internet is also available at:	(library, school)
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### E. REGULAR FAMILY ACTIVITIES *(please include hobbies, community service)*

Details:
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### 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

• <b>Note: Vacation / holiday accommodation and / or activities are understood to be the intern's own responsibility.</b>	
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 no more than **220 EURO** per month to help defray living expenses.
- Discharge the intern without any hindrance, if something unexpected happens, which prompts us, or the intern to decide to terminate/shorten the intern’s stay.

<b>Date</b>		<b>Name</b>		<b>Signature:</b>
	<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**

• **Helpful Information**

<b>Local Weather:</b>	http://www.
<b>Homepage:</b>	http://www.
<b>Our Community:</b>	http://www.
<b>Other:</b>	http://www.

Please return to [your IIP Program Coordinator](#) or Fax: 81+ 3-5754-4343 or Email: [intl-presenters@interntaining.com](mailto:intl-presenters@interntaining.com)