



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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- **SCHOOL TERMS DESIRED**

Please check	Fall:	<input type="checkbox"/>	Winter:	<input type="checkbox"/>	Spring:	<input type="checkbox"/>	Summer:	<input type="checkbox"/>
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- **LENGTH OF STAY (Subject to Extension/Modification up to 15 months)**

Place (1-4) in order of preference (1 = most preferred).	[] 12 [] 9 [] 6 [] 3 (months)
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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 SCHOOL/CAMP)

Is there an opportunity for the intern to participate in a summer school/camp program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.

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

Please give full details.

Hours / Week:	Grades:	Class Size:	Class Length: (mins)
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• **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)
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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 **\$200 USD** 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.

Date <i>(required)</i>	Name <i>(required)</i>	Signature: <i>If submitting by email, signature is not required.</i>
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Please return to your IIP Program Coordinator or Fax: 011-81-3-5754-4343 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 1st <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 Main City:		Population:
City / Town	<input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small		(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 <i>bedroom</i> available?	There is a <input type="checkbox"/> personal / <input type="checkbox"/> shared <i>bathroom</i> available?
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INTERNET ACCESS

The <i>internet</i> <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 <i>computer</i> .
The <i>internet</i> is also available at: (library, school)	

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

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 no more than **\$200 USD** 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.

Date	Name	Signature:
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(required)

(required)

If submitting by email, signature is not required.



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

• **Our Message:**

Dear Intern,

• **Our Family / Location**

• **Helpful Information**

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

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