

# HOST SCHOOL – POST ARRIVAL QUESTIONNAIRE (IIP-ASIA)



Once the intern has been with you a few weeks, please let us know how he/she is settling in.

- To complete this form in Word.doc format: double-click each  to check mark or add relevant details.

## A. INTERNSHIP DETAILS

Intern:	Mr. Mrs. Ms.	Name:	Start Date:	
Role of Intern:			End Date:	

## B. HOST DETAILS

School Name:				
Principal:	Mr. Mrs. Ms.	Name:		

## C. SCHOOL INDUCTION

- How well is the intern adjusting to their new environment?

Comments:
-----------

- Who of the following were notified of the arrival / existence of the intern?

School Staff	<input type="checkbox"/>	Student and Parents	<input type="checkbox"/>	the Community	<input type="checkbox"/>	the Media	<input type="checkbox"/>	other Schools	<input type="checkbox"/>
--------------	--------------------------	---------------------	--------------------------	---------------	--------------------------	-----------	--------------------------	---------------	--------------------------

- What publicity was used to inform those indicated above?

Details:
----------

- What of the following have been included as part of the intern's orientation?

<input type="checkbox"/> Education System	<input type="checkbox"/> School Environment	<input type="checkbox"/> School Staff
<input type="checkbox"/> Public transport	<input type="checkbox"/> Bank and Post Office	<input type="checkbox"/> Hospital, chemist and dentist
<input type="checkbox"/> Shopping facilities	<input type="checkbox"/> Library, places of learning	<input type="checkbox"/> Health and Safety procedures
<input type="checkbox"/> Tour of facilities	<input type="checkbox"/> Break and Lunch times	(First aid, fire evaluation procedure)

Others:
---------

- What transport to and from school is available?

<input type="checkbox"/> Walk to School	<input type="checkbox"/> Host Family Car	<input type="checkbox"/> School Bus
<input type="checkbox"/> Teacher's Car	<input type="checkbox"/> Other:	

- What lunch provisions / arrangements have been made for school days?

<input type="checkbox"/> School Canteen	<input type="checkbox"/> School Shop	<input type="checkbox"/> Host Family
<input type="checkbox"/> Other:		

- What method of payment has been arranged? (Agreed - contribution paid by intern to the host family)

<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other:
Amount:	Amount:	Amount:

- What language lessons can be provided? (to improve intern's language ability)

<input type="checkbox"/> Regular Class	<input type="checkbox"/> Private Class	<input type="checkbox"/> Other:
--	--	---------------------------------

- Does the school have a counseling service?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Counselor's Name:
--	-------------------

# HOST SCHOOL – POST ARRIVAL QUESTIONNAIRE (IIP-ASIA)



## C. INTERN PERFORMANCE EVALUATION

Please give rate each skill (1-5), 1 = low, 5 = high

1) Nature or content of the lessons planned/presented by the intern.	1 2 3 4 5
2) Intern's presentation style (informative, interesting, appropriate for audience).	1 2 3 4 5
3) Intern's communicative /language skills (ability to converse without causing confusion).	1 2 3 4 5
4) Intern's ability to adjust to school/host family/ local community.	1 2 3 4 5
5) Intern's contribution to school and local community.	1 2 3 4 5
Comments:	

## D. INTERN'S SCHOOL SCHEDULE

Please give full details for the whole period of the internship, if possible.

Please indicate the following: Period (From – To), Teaching Hours / Day or Week, Subject and Grade.

\* Role of the intern in the class (observer, assistant teacher, teacher).

(MM-YYYY): Present to	Role:	Teaching Hours:	per
Details:			

(MM-YYYY): Present to	Role:	Teaching Hours:	per
Details:			

(MM-YYYY): Present to	Role:	Teaching Hours:	per
Details:			

● Are there any plans to share the intern with other schools/ community, etc.  Yes  No

School Name:			
Principal:	Mr. Mrs. Ms.	Name:	

School Name:			
Principal:	Mr. Mrs. Ms.	Name:	

School Name:			
Principal:	Mr. Mrs. Ms.	Name:	

## E. EVALUATOR'S DETAILS

Evaluator:	Mr. Mrs. Ms.	Name:	Position:
------------	--------------	-------	-----------

Signature:	Date:
------------	-------

If submitting by email, signature is not required.

(required)

Please return to IIP by: Fax: 81+ 3 - 5754 - 4343 or Email: intl-presenters@intertraining.com