

# HOST SCHOOL - FINAL EVALUATION



Your feedback helps us improve the program for future visitors and hosts – Thank you for your support!

Country		Province / State	
School Name		Number of times we have hosted an IIP participant	
Principal			

## PARTICIPANT DETAILS

## PROGRAM DATES

Participant Name		Start Date	
Nationality	<input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Other:	End Date	

## PARTICIPANT PARTICIPATION *Please comment and rate each skill / ability (1-5), 1 = low, 5 = high*

<ul style="list-style-type: none"> <li>How well did the participant adjust to their new environment?</li> </ul>	<i>Rate: Adaptability</i>																										
<ul style="list-style-type: none"> <li>How well did the participant interact with students, teachers, other staff?</li> </ul>	<i>Rate: Interaction</i>																										
<ul style="list-style-type: none"> <li>What classroom activities / lessons were presented by the participant?</li> </ul>	<i>Rate: Teaching Ability</i>																										
<ul style="list-style-type: none"> <li>What school events were managed or presented by the participant?</li> </ul>	<i>Rate: Leadership Skills</i>																										
<ul style="list-style-type: none"> <li>Which cultural aspects have been introduced to your school?</li> </ul>	<i>Rate: Contribution</i>																										
<table border="1"> <tr> <td>Language</td> <td><input type="checkbox"/> Beginner</td> <td><input type="checkbox"/> Elementary</td> <td><input type="checkbox"/> Intermediate (Dialog)</td> <td><input type="checkbox"/> Advanced</td> </tr> <tr> <td>Arts &amp; Crafts</td> <td><input type="checkbox"/> Calligraphy</td> <td><input type="checkbox"/> Paper Folding</td> <td><input type="checkbox"/> Traditional Cuisine</td> <td><input type="checkbox"/> Costumes</td> </tr> <tr> <td>Performances</td> <td><input type="checkbox"/> Tea Ceremony</td> <td><input type="checkbox"/> Dance / Drama</td> <td><input type="checkbox"/> Music</td> <td><input type="checkbox"/> Instruments</td> </tr> <tr> <td>Sports &amp; Games</td> <td><input type="checkbox"/> Self-Defense</td> <td><input type="checkbox"/> Traditional Games</td> <td><input type="checkbox"/> Festivals</td> <td><input type="checkbox"/> Events</td> </tr> <tr> <td>Lifestyles</td> <td><input type="checkbox"/> School Life</td> <td><input type="checkbox"/> Housing</td> <td><input type="checkbox"/> Daily Life</td> <td><input type="checkbox"/> Politics</td> </tr> </table>	Language	<input type="checkbox"/> Beginner	<input type="checkbox"/> Elementary	<input type="checkbox"/> Intermediate (Dialog)	<input type="checkbox"/> Advanced	Arts & Crafts	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Paper Folding	<input type="checkbox"/> Traditional Cuisine	<input type="checkbox"/> Costumes	Performances	<input type="checkbox"/> Tea Ceremony	<input type="checkbox"/> Dance / Drama	<input type="checkbox"/> Music	<input type="checkbox"/> Instruments	Sports & Games	<input type="checkbox"/> Self-Defense	<input type="checkbox"/> Traditional Games	<input type="checkbox"/> Festivals	<input type="checkbox"/> Events	Lifestyles	<input type="checkbox"/> School Life	<input type="checkbox"/> Housing	<input type="checkbox"/> Daily Life	<input type="checkbox"/> Politics		
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<ul style="list-style-type: none"> <li>In what ways has the participant improved their communicative ability?</li> </ul>	<i>Rate: English Ability</i>																										

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If applicable, please tell us how the participant dealt with any difficulties, issues or concerns

● In what ways did the participant try to integrate with their host family?

Rate: Involvement

## PROGRAM EVALUATION

● How has this program benefited your school / community?

Rate: Overall Benefit

● In what ways could IIP improve the program?

Rate: Presentation

## FUTURE CULTURE / LANGUAGE EXCHANGE

● Are you interested in hosting another Participant: Yes  No  If yes, please state your preferences below.

● When would you like to participate? (MM / YYYY)

Duration of Stay: 3 6 9 12 (months)

## REFERRALS (Please recommend another school that would be interested in hosting an participant.)

School Name:		City:	
Contact Person:	Dr. Mr. Mrs. Ms.		
Direct Email:		Direct Tel:	

## TESTIMONY What comments would you like to share with other potential host schools and families?

## PROMOTION

**May IIP use your details to promote our program to other participants?** Please check all relevant boxes

Final Evaluation  Testimony (only)  Name & Position  Contact Details (as Referee)  School Logo  School Web Link

Are there any materials you would be willing to share with IIP for use in promoting our program?

We would be most grateful for any photos, videos or other media you would share that we can post on our website or use in our training and orientation materials, presentations, brochures, leaflets, blogs and so on. Please use this space to let us know your thoughts and questions, or contact us to discuss any requirements, agreements, etc. you have. Thank you for your consideration.

Date		Signature		Position	
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Please return to IIP at [intl-presenters@intertraining.com](mailto:intl-presenters@intertraining.com) or Fax: +81-3-5750-7712