



Rotary District 9820

Inbound Exchange Student Monthly Report

To be emailed **before** the last day of each month to your **Country Coordinator** and YEP Chairman

Rotary Exchange Student Name _____

Sponsor Country and District _____

Report for the Month of _____

Host Club:	Sponsor Club:
Counsellor:	Counsellor:
Telephone – Private	Telephone – Private
– Business	– Business
– email	– email

Present Host Family:	Next Host Family:
Name:	Name:
Address:	Address:
Email:	Email:
Telephone – Private	Telephone – Private
– Mobile	– Mobile
Date of expected change to next host family:	

Information required since your last Monthly Report
Please mark either the Yes or No box with 'x' and enter any relevant comments where shown

	During this past Month - have you:	Yes	No	Comments please <i>(use an additional page if necessary)</i>
1	contacted your parents?	<input type="checkbox"/>	<input type="checkbox"/>	
2	contacted your sponsor club?	<input type="checkbox"/>	<input type="checkbox"/>	
3	contacted your sponsor counsellor?	<input type="checkbox"/>	<input type="checkbox"/>	
4	met with your host counsellor?	<input type="checkbox"/>	<input type="checkbox"/>	
5	experienced any difficulties with your host family?	<input type="checkbox"/>	<input type="checkbox"/>	
6	experienced any difficulties with your school?	<input type="checkbox"/>	<input type="checkbox"/>	
7	attended any Rotary club meetings?	<input type="checkbox"/>	<input type="checkbox"/>	
8	performed any public speaking engagements?	<input type="checkbox"/>	<input type="checkbox"/>	
9	participated in any sporting or social activities?	<input type="checkbox"/>	<input type="checkbox"/>	
10	had any illness, accident or injury?	<input type="checkbox"/>	<input type="checkbox"/>	
11	felt unsafe at any time ?	<input type="checkbox"/>	<input type="checkbox"/>	
12	felt homesick?	<input type="checkbox"/>	<input type="checkbox"/>	
13	had any visits from your family?	<input type="checkbox"/>	<input type="checkbox"/>	
14	travelled out of District 9820?	<input type="checkbox"/>	<input type="checkbox"/>	
15	had any financial problems?	<input type="checkbox"/>	<input type="checkbox"/>	
16	attended school every school day?	<input type="checkbox"/>	<input type="checkbox"/>	
17	planned to travel during next month?	<input type="checkbox"/>	<input type="checkbox"/>	
18	planned to travel for the month after next?	<input type="checkbox"/>	<input type="checkbox"/>	
19	had any problems?	<input type="checkbox"/>	<input type="checkbox"/>	