



**\*Log of Program Contacts  
with  
Inbound Student, Host Families and School  
Rotary Youth Exchange, District \_\_\_\_\_**



(\*Revised February 5, 2012 See SCRYE Website to verify latest version)

**Program Representative**

Check one or both to indicate the position of the author of this record.

**Local Coordinator**

**Rotary Counselor**

Name	Phone	E-mail
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**Host Families**

First Host Family	Move-In Date
Second Host Family	Move-In Date
Third Host Family	Move-In Date

**Directions for Using Form**

This form is to be used by program representatives to record contacts with an inbound student, his/her host families and school. It is designed to document compliance with RI, CSIET and USA State Department regulations. Notice that in Rotary youth exchange programs, a student's Local Coordinator and Host Rotary Club Counselor may often be the same person. (The term Local Coordinator is used by the USA State Department to identify the exchange program representative who is responsible for direct contact with a student and his/her host family.)

**Local Coordinator contact requirements:**

- Contact the student at least once per month (The initial contact must be in person. Additional contacts may be in-person, on the phone or via electronic mail.)
- Contact the host family at least once per month (The contact must be in person at least once in the fall semester and once in the spring semester – i.e. twice per academic year. Additional contacts may be in-person, on the phone or via electronic mail.)

**Rotary Counselors contact requirements:**

- Contact the student and host family, separately, at least once per month. *E-mail contacts alone are not adequate.*
- Maintain regular communication with school authorities.

The District will request a copy (photo, fax or e-mail) of this record at least quarterly and the completed form must be forwarded to the district when the student returns home.

**August Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**September Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**October Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**November Contacts (Student, Host Family and School Contacts)**

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**December Contacts (Student, Host Family and School Contacts)**

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**January Contacts (Student, Host Family and School Contacts)**

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**February Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**March Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**April Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**May Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**June Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

**July Contacts** (Student, Host Family and School Contacts)

Who was Contacted	Day of Month	Type of Contact	Briefly Describe Contact (Add separate page for lengthy comments)
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<input type="checkbox"/> Student <input type="checkbox"/> Host Fam <input type="checkbox"/> School		<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	