

HOST SCHOOL – INITIAL EVALUATION



Thank you for hosting our cultural exchange visitor. We ask that you kindly provide some initial feedback so that IIP can monitor the placement and provide support as necessary. Please remember that we can be contacted at anytime to assist should you have any difficulties with the visit. Thank you.

HOST SCHOOL

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

VISITOR DETAILS

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

SCHOOL INDUCTION

How well is the visitor adjusting to their new environment?

How was the school community made aware of the visitor's arrival and role?

• Which areas have been included as part of the visitor'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	<input type="checkbox"/> Other:

• What transport to and from school is available? Walk Host Family Car School Bus Other:

• Have lunch provisions / arrangements been made for school days?
 School Canteen School Shop Host Family Other:

• Does the school have a counseling service accessible to the visitor? Yes No

Counselor's Name

Other Information

HOST SCHOOL – INITIAL EVALUATION



PERFORMANCE EVALUATION

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

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

CURRENT ACTIVITY

Please give a brief overview of the visitor's activities - the number of classes per week and the topics & themes.

Please share any questions or concerns you have. Are there any matters that you would like our help with?

Are there any plans to share the visitor with another school or community organization? Yes No

School Name			
Principal			
Telephone No		Direct Email	
<i>Details:</i>			

Organisation			
Manager			
Telephone No		Direct Email	
<i>Details:</i>			

Evaluator		Date	
------------------	--	-------------	--

Please return to IIP at intl-presenters@intertraining.com or Fax: +81-3-5750-7712