

**INTERNATIONAL FELLOWSHIP, INC.**

**LOCAL REPRESENTATIVE  
FINAL EVALUATION OF PROGRAM STAY**

Please comment on your overall experiences with the International Fellowship student, host family, school, and/or natural family in the course of your responsibilities as a Local Representative during the student's program stay. Include any significant events, such as student/host family moves, and any aspect of IF program services that you feel worked well or may need improvement.

**PLEASE MAKE SURE THAT THE FOLLOWING COMPLETED FINAL REPORT IS SUBMITTED TO THE MAIN OFFICE WITHIN ONE WEEK OF THE CONCLUSION OF YOUR STUDENT'S STAY.**

Your comments and suggestions are very important to the evaluation process so we can provide the best possible service to our students, families and schools.

On behalf of International Fellowship thank you for helping to create an enriching student exchange.

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Placement Period (month/year)\_\_\_\_\_to\_\_\_\_\_

Student Name \_\_\_\_\_

Student Number \_\_\_\_\_

Host Family \_\_\_\_\_

Address \_\_\_\_\_

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Please complete the reverse side of this form.

Comments on your experience with the student, host family and/or natural family and school. (Attach additional sheets if needed)

Suggestions/recommendations for improving program services:

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Local Representative Signature

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Date