

HOMESTAY PROVIDER INFORMATION

Name: _____

Address: (Street Address) _____

Postal Code: _____

(Mailing Address) _____

Telephone Number(s): (Home) _____ (Cell) _____

(Work) _____ (Fax) _____

(Email) _____

**THANK YOU FOR TAKING THE TIME TO ANSWER THE QUESTIONS BELOW.
YOUR FEEDBACK WILL PROVIDE VALUABLE INFORMATION TO HELP IMPROVE OUR HOMESTAY PROGRAM.**

1. Were you happy with the overall experience of hosting an international student?

2. Would you be willing to host another international student in the future?

3. What were some positive aspects to your experience?

4. Were there any negative aspects to your experience?

5. What suggestions would you have for other families considering the Homestay Program?

6. Were you satisfied with the communication and support you received from the International Education Support Team?

7. Additional comments:

Signature

Date

(PLEASE RETURN COMPLETED FORM TO THE INTERNATIONAL EDUCATION LIAISON)