

**INTERNATIONAL FELLOWSHIP, INC.
HOME VISIT SCREENING FORM**

I. F. Representative _____

Student Name _____

Date of Home Visit _____

Student Number (Country/Number/Year) _____

Host Parent Name(s) _____
Last Name Host Father Host Mother

Address: _____
Street City State/Prov. Zip

Phone: _____ Emergency Name/Phone: _____

Name of School: _____ Phone: _____

Host Family Signature: _____

Interviewer Signature: _____

To your knowledge, is this family active in the community? Yes _____ No _____

Explain: _____

Classify the home setting as: () Urban () Suburban () Rural

Distance from home to: _____ school _____ church _____ shopping

Indicate with a check mark the personal characteristics you think best describe this prospective host family:

- | | |
|---------------------------|----------------------------------|
| () Warm | () Neat Appearance |
| () Reserved | () Unkept Appearance |
| () Liberal Attitude | () Positive Family Interactions |
| () Conservative Attitude | () Negative Family Interactions |
| () Religiously Active | () Athletic |
| () Religiously Inactive | () Intellectual |

Comment on general appearance of home, grounds and neighborhood. Describe. _____

Is bedroom space for prospective student adequate, clean? Describe. _____

If sharing bedroom with sibling, give name and age: _____

General Impressions/Comments/Family Suitability: _____

Would you place your own child in this family's home? () Yes () No

Office Use Only
