



Post-Exchange Evaluation

Exchange Name: _____

Exchange Number: _____ Exchange Date: _____

Friendship Force of _____ Program Coordinator _____
(Name of your club here)

Complete all that apply:

- Ambassador Exchange Director
- Host Exchange Director

- Ambassador
- Host

How would you rate...



- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1) Preparation before the Exchange: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Week 1, overall: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 2, overall: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 3, overall: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Itinerary: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Host family and ambassador
time together: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Post Exchange Tour (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) FFI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) For Exchange Director ONLY-
Please rate your counterpart ED: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please use the space below to provide any comments, difficulties or highlights: