

**Student Name:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Host Club:** \_\_\_\_\_ **Counselor:** \_\_\_\_\_

Action completed	Date	Rotarian Initials	Action	Date	Rotarian Initials
Guarantee Form Completed:	/ /		School Transcript:	/ /	
School Letter of Acceptance :	/ /		School References:	/ /	
School notified if a graduate:	/ /		Insurance purchased	/ /	

Items sent or given:	Date	Rotarian Initials	Student Initials	Date
Summary of regulations, rules, procedures, insurance	/ /			/ /
Sexual abuse documents	/ /			/ /
Host family profile	/ /			/ /
School/community profile	/ /			/ /
Identification card	/ /			/ /

Orientation Program date:	/ /			/ /	
Cultural Awareness Training:	/ /			/ /	In home?
Counselor August meeting:	/ /			/ /	yes no
Counselor September meeting:	/ /			/ /	yes no
Counselor October meeting:	/ /			/ /	yes no
Counselor November meeting:	/ /			/ /	yes no
Counselor December meeting:	/ /			/ /	yes no
Counselor January meeting:	/ /			/ /	yes no
Counselor February meeting:	/ /			/ /	yes no
Counselor March meeting:	/ /			/ /	yes no
Counselor April meeting:	/ /			/ /	yes no
Counselor May meeting:	/ /			/ /	yes no
Counselor June meeting:	/ /			/ /	yes no
Counselor July meeting:	/ /			/ /	yes no
Post Exchange Evaluation	/ /		Return flight to ESSEX	/ /	