



OB QUARTERLY REPORT

DISTRICT 5010 YOUTH EXCHANGE

Please provide the following information each quarter during your exchange. Be honest with your responses and inform us of anything you feel is important for us to know. If we are not aware of a problem or a concern, we cannot help you. You may fill out and save this form, edit and re-save each use.

Quarter: E-mail by: Send to:

Student's name: Date: E-mail:

Sponsor Rotary club:

Host Rotary club: District:

Counselor's name:

Counselor's address:

Street:

City: State: Country: Postal code:

Residence telephone: Fax: E-mail:

Current host family's name:

Street:

City: State: Country: Postal code:

Residence telephone: Fax: E-mail:

List names and ages of host family brothers and sisters:

Date of anticipated transfer to next host family:

Next host family's name:

Street:

City: State: Country: Postal code:

Residence telephone: Fax: E-mail:

Do you regularly receive your monthly allowance? Yes No Amount in local currency per month:

Have you had any public speaking engagements this quarter (e.g., Rotary gatherings, school, etc.)? Yes No
If yes, please tell us about the event and give examples of questions asked by the audience:

Do you attend Rotary meetings? Yes No How often do you attend? weekly bimonthly monthly

What other Rotary functions/events have you attended this quarter?

Have you been the guest of any Rotary members other than your host families? Yes No If yes, what have you done with them (e.g., gone to their house for dinner, gone on a trip?)

Please give a brief account of contacts with your counselor this quarter Now often do you meet? Who initiates the meeting you or the counselor? Do you feel that you are being listened to?):

Please tell us how you feel about your relationship with each of the following:

	Excellent	Good	Average	Poor
Host Club				
Club Counselor				
Current Host Family				
School Friends				
Natural Parents				

Please explain any unsatisfactory relationships and list ways in which you think that they can be improved.

Additional Questions

Have you experienced any health problems this quarter? Yes No Explain:

Have you appeared in the newspaper, on the radio, or on television? (Please attach articles if applicable)

What is the best way for us to contact you? Mail Telephone Fax E-mail

List preferred contact information here:

Do you have any additional concerns, questions, or problems that we can help you with or you would like to make us aware of?

April Report Only - Please provide the date of your return to Alaska/Yukon, arrival home: