

Student Environment Evaluation (SEE)

This form should be completed by the person who conducted the SEE visit. The SEE visit cannot be conducted by the same person that conducted the in-home interview.

Please fax this form to your YFU District Office

Founders 877.231.2681 * Heartland 877.231.2349 * Horizon 877.516.9481

Northeast 877.516.9481 * Southeast 240.235.2115

Household			
Family Name Stude	nt Name		
Full Address (street, city, state, zip)			
Home Checklist - If you select "No" for any of the following quest	tions, you must add a comment.		
The home, including outdoor space, is:		Yes	No
clean and sanitary		0	0
in good repair		\circ	0
free of debris		\circ	\circ
free of evidence indicating rodent or insect infestation		\circ	\circ
The exchange student's bedroom has:		Yes	No
reasonable, unimpeded access to the outside in the event of fire or similar emergency		\circ	\circ
reasonable access to bathroom facilities		\circ	\circ
a door which can be closed for privacy		\circ	\circ
a separate bed for the student (no convertibles, couches, cots,	air mattresses or trundles)	\circ	\circ
storage space (dresser, shelves, closet) for personal belonging	s in their own bedroom	\circ	\circ
The exchange student's bathroom has:		Yes	No
running water, no standing water, and is clean		\circ	\circ
a door that can be closed for privacy while bathing and toileting		\circ	\circ
		Yes	No
Does the student have access to a landline or other telephone?		\circ	\circ
Is the home free of pending repair that could affect the exchange student's health or safety?		\circ	\circ
Is the home in suitable condition to host an exchange student?		\circ	\circ
Comments (If you selected "No" for any of the questions above, you must	add a comment here.)		
Acknowledgment			
I affirm that I visited this family's home after the student's arrival.			
Date evaluation was performed:			
Person who conducted the SEE visit:	Phone Number:		
Signature	Date		