Counselor's Monthly Log

(This form satisfies the requirements of Rotary International Youth Exchange certification and the US Department of State 22 CFR Part 62 Regulations)

The form is to be used by the Host Rotary Club Counselor to record the date and results of contacts (minimum twice monthly) with the Inbound student AND host parents. Regular contact ensures the counselor is aware of any concerns (e.g., homesickness, making friends, school performance) in a timely manner and allows for prompt resolution. It is essential that twice monthly contact be made and documented for compliance with both Rotary and US Department of State requirements. Please return this form, upon the conclusion of the exchange, to the **student's Area Coordinator** for record keeping purposes.

Exchange Year: 20____ to 20____

Rotary District: 6650 Rotary Club: _____

Exchange Student: _____ Sponsor Country: _____

Arrival Date: 20 ____ - _____ - ____ (YYYY Mon DD) Departure Date: 20 ____ - _____ - ____ (YYYY Mon DD)

Counselor Name: _____ Address: _____

_____

All changes of address **MUST be reported to the Department of State within 10 days of the move**, in order to not risk a visa violation and possible termination of the exchange. **Report all moves to the Inbound Coordinator, Bob Eckert at: Phone: 330-897-5822 or BOBECKERT41@hotmail.com or FAX: 330-852-0645**

Host Family #1 Name: _____ Student Moved In: 20 ____ - _____ - ____ (YYYY Mon DD)

Host Family #2 Name: _____ Student Moved In: 20 ____ - _____ - ____

	Date:	Person contacted	Method	Comments
ex:	2007-10-23	student	Email	Student is doing well and keeping busy. Has postponed move to second family due to upcoming knee surgery.
ex:	2007-10-23	H - Dad	phone	Host father had some questions about insurance for knee surgery. Located number for CISI Bolduc and questions were answered.
Ex:	__2008_____	School Counselor_____	__	_____
				_____ (YYYY Mon D

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Ex:	__2008_____	School Counselor_____	__	_____
	_____	_____	__	_____
	_____	_____	__	_____
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Please add additional sheets as necessary.