



CURRICULUM AND PROFESSIONAL DEVELOPMENT DIVISION

K-12 Science, Health and Foreign Language
3950 S Pecos McLeod, Suite 2D
Las Vegas, NV 89121
(702) 799-8404 Office
(702) 855-9773 Fax

Foreign Exchange Organization Application

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

The undersigned is aware that the Clark County School District (CCSD) has clearly established criteria, which are to be met prior to an organization's being accepted as an International Exchange Partner. The undersigned is also aware that CCSD may request that an organization be required to review and update this information at any time.

Signature

Name

Title

Date

ORGANIZATIONAL APPROVAL

Has the Council on Standards for International Educational Travel (CSIET) approved your organization?
YES ___ NO ___ (Please attach at copy of the CSIET Authorization Letter)

STUDENT/AREA REPRESENTATIVE RATIO

Nationally, what is your student/area representative ratio? _____

What is your RECOMMENDED maximum number of students per area representative? _____

RENUMERATION

Local area representatives are: Unpaid ___ Reimbursed for expenses only ___

\$ _____ Academic year placement

\$ _____ Semester placement

Host Families are: Unpaid ___ Reimbursed for living expenses only ___

STUDENT SUPPORT SERVICES

Las Vegas Local Representative

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Fax _____

E-Mail Address _____

Regional Representative

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Fax _____

E-Mail Address _____

Please explain your program's 24-hour emergency contact service.

Do you offer professional counseling for students having difficulties? YES ___ NO ___

Who pays for the counseling? _____

Who determines when the counseling is necessary? _____

Do you provide for emergency travel home at your expense? YES ___ NO ___

SELECTION PROCESS

Host Families

Is there a personal interview in the home? YES ___ NO ___

How many visits are required? _____

Is the ENTIRE FAMILY interviewed? YES ___ NO ___

How many family references are checked? _____

Students

Explain your student interview process.

List your student selection criteria

Which standardized English proficiency test will you use to evaluate students? _____

Minimum Score for Acceptance _____

AREA REPRESENTATIVES

Explain your selection process

How do you find candidates?

Who trains the area representative in Las Vegas? _____

When and where does the training take place?

How often will the area representative receive further training?

How often will the area representatives be able to participate in a regional or national training meeting?

ORIENTATIONS

Student

Arrival Orientation (In Las Vegas)

Departure Orientation

Host Family

Describe any host family training received prior to student's arrival

Describe any host family training received after student's arrival

Make Up Orientations

Briefly explain what your policy is concerning host families and/or students who miss orientation meetings.

PLEASE ENCLOSE COPIES OF THE FOLLOWING FORMS:

- Student Application
- Language Proficiency Test Results Form
- Host Family Reference Form

- Area Representative Reporting Forms
- School Acceptance Form
- CSIET Authorization Letter