

Project Harmony - Community Connections Program

Host Business Evaluation

Company Name _____

Contact Name _____

Title _____

Address _____

Phone _____ Fax _____

E-mail _____ Website _____

Name of Intern _____

Overall, how was your experience as a host business?

Excellent Good Neutral Fair Poor

What were the highlights of the Community Connections Program for you?

What problems did you encounter during the Community Connections Program? How did you deal with these problems?

What could Project Harmony have done to alleviate problems?

Has your perception of your intern's country and people changed? Explain.

In your opinion, how useful was the program for your intern?

Project Harmony provided you with information about the Community Connections Program and about your guest. What was the most useful and least useful information you received? What else would you have liked to know before the program began?

How was the length of the internship? Too short Just right Too long

Are you interested in hosting another participant in the future? Yes No

Are you interested in traveling to your guest's country? Yes No

May we call you for ideas and suggestions for future programs? Yes No

Additional Comments:

Your suggestions will help us provide better support to host businesses.

*Return this form to: Project Harmony
5197 Main Street, Unit 6, Waitsfield, VT 05673*