



Participant Information

Please complete this form and submit it to ICEO each month using the address listed below.

DS 2019 # \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Social Security # \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

US Home Mailing Address

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Employer Information

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Employment

Start date of employment in U.S. (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month for report:  1  2  3

Please rate the following, thus far in your program, on a scale of 1-4 (1 - poor, 2 - average, 3 - good, 4 - excellent)

Your cooperation with your employer: \_\_\_\_\_

Your Employment location: \_\_\_\_\_

Your job: \_\_\_\_\_

Your relationship with other ICEO participants: \_\_\_\_\_

Approximately, how many hours per week did you work last month? \_\_\_\_\_ hrs

Are you satisfied with your job?  yes  no What is your current position? \_\_\_\_\_

If you aren't satisfied with your job, what would you change about it? \_\_\_\_\_

**Program Report**

Please rate the following on a scale of 1-4 (1 - poor, 2 - average, 3 - good, 4 - excellent)

Post-Arrival Orientation (only needed for month 1): \_\_\_\_\_

The transportation from the airport to your host site city (only needed for month 1): \_\_\_\_\_

ICEO's headquarter services: \_\_\_\_\_ regional representatives: \_\_\_\_\_

Emergency assistance (if needed): \_\_\_\_\_

Accommodation: \_\_\_\_\_

Please list the new skills and abilities you have acquired during this month of your program: \_\_\_\_\_

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Please list the cultural activities you have taken part in during this month of your program: \_\_\_\_\_

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**Comments:** \_\_\_\_\_

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**Signature**

Print Name: \_\_\_\_\_ Date (month/day/year): \_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_

Signature: \_\_\_\_\_

This form should be returned to:  
International Cultural Exchange Organization Inc.

11931 Foundation PL., Suite 220 Gold River, CA 95670  
Phone: (916) 985.4826 / Fax: (916) 985.9922 / [www.iceoinc.org](http://www.iceoinc.org)

