



Robina State High School
International Programs Department
 Manager: Mrs Sellina McCluskey
 Student Coordinator: Mrs Di Mitchell
 Homestay Coordinator: Ms Jan Sorrensen

FOOD AND SOCIAL ACTIVITIES FEEDBACK FORM

Student Name: _____

Year Level: _____

Start in Term: _____

FOOD

What do you eat at Breakfast time in your home country? _____

What do you eat at Lunch time in your home country? _____

Do you have any food allergies or follow a specific diet? (Vegetarian, vegan, gluten free)

Please mark the meals you like to eat below:

Spagetti Bolognaise	<input type="checkbox"/>	French Fries and Hamburger	<input type="checkbox"/>
Chicken and Vegetables	<input type="checkbox"/>	Lasagna	<input type="checkbox"/>
Curry and Rice	<input type="checkbox"/>	Pizza	<input type="checkbox"/>
Fried Rice with/without meat	<input type="checkbox"/>	Stir Fry	<input type="checkbox"/>
BBQ Meat and Salad	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Please mark which fruit, vegetables and salads you like below:

Lettuce	<input type="checkbox"/>	Potato	<input type="checkbox"/>
Tomato	<input type="checkbox"/>	Pumpkin	<input type="checkbox"/>
Cucumber	<input type="checkbox"/>	Zucchini	<input type="checkbox"/>
Raw Carrot	<input type="checkbox"/>	Peas	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	Cauliflower	<input type="checkbox"/>
Apple	<input type="checkbox"/>	Beans	<input type="checkbox"/>
Orange	<input type="checkbox"/>	Spinach	<input type="checkbox"/>
Banana	<input type="checkbox"/>	Broccoli	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	Carrot	<input type="checkbox"/>
Cabbage	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Please mark which foods you would like in your lunchbox below:

Sandwich with:	<input type="checkbox"/>	Piece of Fruit / Dried Fruit/ Tin of Fruit	<input type="checkbox"/>
Ham	<input type="checkbox"/>	Yogurt	<input type="checkbox"/>
Tomato	<input type="checkbox"/>	Jelly	<input type="checkbox"/>
Lettuce	<input type="checkbox"/>	Muesli Bar	<input type="checkbox"/>
Cheese	<input type="checkbox"/>	Cake/Muffin	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	Bowl of Salad with / without meat	<input type="checkbox"/>
Egg	<input type="checkbox"/>	Other (dressing, biscuits):	<input type="checkbox"/>
Cucumber	<input type="checkbox"/>		<input type="checkbox"/>

With lunch, do you prefer: Water Fruit Juice



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SOCIAL ACTIVITIES

What time do you usually return home from school in your home country? _____

What time do you usually return home from going out at night in your home country? _____

What do you usually do on weekends in your home country? _____

How much time do you usually study at home in your home country? _____

Do your parents allow you to smoke in your home?

YES NO

Do your parents allow you to drink alcohol?

YES NO

Do your parents allow you to visit the home of your boyfriend/girlfriend?

YES NO

What sort of activities do you hope you can enjoy with your host family?

Going to the beach	<input type="checkbox"/>	Watching TV	<input type="checkbox"/>
Going for a bush walk	<input type="checkbox"/>	Playing cards / playing board games	<input type="checkbox"/>
Going shopping	<input type="checkbox"/>	Cooking	<input type="checkbox"/>
Seeing a movie at the cinema	<input type="checkbox"/>	Going for walks / push bike ride	<input type="checkbox"/>
Visiting cultural places	<input type="checkbox"/>	Seeing Australian animals	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Do you have any friends from your country doing this program at another school?

Yes – name of friend & school name