4-H Health Record Sheet

Name ________________________________ Grade _______ Year ______

Name of Club __________________________ Year in Clubwork ____________

Level _________________________________

County _______________________________ Township __________________

1. What did you enjoy most about this project? Why?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

2. What were the most interesting experiences you had with this project? Why? What did you learn?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

3. What activities were hard to do? Why? What did you learn?
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________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

4. As a result of doing these activities, do you do anything differently? Do you think about anything differently? If yes, what? Describe.
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
5. List the activities you completed this year.
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Did you give an action demo or a demonstration on your Health project?
yes _____ no_______

Name of Demonstration:
_______________________________________________________________

Signature of 4-H member
_______________________________________________________________ Date ____________

I have reviewed this record and made comments about the individual’s progress and project completion.

Signature of Helper/Leader
_______________________________________________________________ Date ____________

Purdue Extension, 4-H Youth Development
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