



**FOUNTAIN COUNTY
4-H HEALTH RECORD SHEET**
Record for Year _____

Name _____ Age _____ Grade _____
Township _____ Club _____
Years in 4-H _____ Years in this Project _____
(including this year) (including this year)

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? _____

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. _____

6. Did you give an action demo or a demonstration on your Health Project? _____
Name of Demonstration: _____

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

(Signature of Leader) (Date)

(2/09)