



# Health RECORD SHEET

Year \_\_\_\_\_

### Scorecard (Office Use Only)

\_\_\_\_ 0-10 Neatness      \_\_\_\_ 0-10 Completeness  
\_\_\_\_ 0-10 Accuracy      \_\_\_\_ 0 OR 10 All Signatures  
\_\_\_\_ TOTAL POINTS (OUT OF 40)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
(street, road, rural route, box) (city) (state) (zip)

County \_\_\_\_\_ Year in 4-H \_\_\_\_\_ Year in this project \_\_\_\_\_  
(of participation) (including this year) (including this year)

Club \_\_\_\_\_

I have reviewed this record and believe it to be correct:

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

1. What did you enjoy most about this project? Why?: \_\_\_\_\_

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2. As a result of this project and the activities, do you do anything different? If yes, what? Describe: \_\_\_\_\_

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3. List the activities you completed this year: \_\_\_\_\_

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4. What activities were the most interesting? Why?: \_\_\_\_\_

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5. What activities were hard to complete? Why? What did you learn?: \_\_\_\_\_

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6. List something about this project which you still want to learn more about: \_\_\_\_\_

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7. Did you give a demonstration or a health lesson on something that you learned in this manual? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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8. What did you learn the most from taking this project? \_\_\_\_\_

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