



4-H Youth Development Project Record Cloverbud Ages 5-8



Name: _____ Age (As of Jan. 1): _____

Address: _____

Club Name: _____ Years in 4-H: _____

If you have done more than one project, please use another form.

Project Title _____ Years in Project: _____

Did you... Check

1. Give a 4-H presentation (demonstration or show and tell)? Yes No

About what? _____ Where? _____

2. Exhibit something you made? Yes No

What? _____ Where? _____

3. Show an animal Yes No

What kind? _____ Where? _____

How do you feel after finishing your project? (circle one)



Happy



Confused



Proud



Unhappy



Never want to do this again

During this project I learned to:

Put a check next to at least one skill learned in two of the following categories:

HEART	HEAD	HANDS	HEALTH
<input type="checkbox"/> Make new friends	<input type="checkbox"/> Prepare	<input type="checkbox"/> Teamwork	<input type="checkbox"/> Feel good about myself
<input type="checkbox"/> Share	<input type="checkbox"/> Keep a journal	<input type="checkbox"/> Help	<input type="checkbox"/> Enjoy my project
<input type="checkbox"/> Care	<input type="checkbox"/> Think	<input type="checkbox"/> Make good choices	<input type="checkbox"/> Be safe
<input type="checkbox"/> Cooperation	<input type="checkbox"/> Problem solving	<input type="checkbox"/> Be a leader	<input type="checkbox"/> Take care of myself

1. Explain what you did for your project. _____

2. List several things that you learned during this project. _____

3. What could you do to continue this project for another year? _____

4. What were things you did to help your club or leader? _____

5. Did you enjoy this project and would you tell others about it? _____

6. Attach a picture of you during some part of this project, if one is available, or attach a drawing.



_____ did complete this project.
(Member's Signature)

_____ Date _____
(Leader/Parent Signature)