

D. CLUB INFORMATION: List clubs and meetings attended. Describe each meeting's learning experience

CLUB	MONTH OF MEETING	LEARNING EXPERIENCE AND/OR SERVICE ACTIVITY

E. COUNTY and AREA EVENTS/CONTESTS: List any demonstrations, speeches or participation in career development events, i.e. horse judging, performing arts, woodworking demonstration, etc.

EVENT	DATE	LEARNING EXPERIENCE

F. CAMPS/CLINICS/CONFERENCES/WORKSHOPS

EVENT	DATE	# HOURS	LEARNING EXPERIENCE

G. LIFE SKILLS Check 5-10 skills you have developed over the current 4-H Year.

- | | | | |
|--|--|--|--|
| HANDS | HEALTH | HEAD | HEART |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Resiliency | <input type="checkbox"/> Nurturing relationships |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Self-responsibility | <input type="checkbox"/> Keeping Records | <input type="checkbox"/> Sharing |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Character | <input type="checkbox"/> Wise Use of Resources | <input type="checkbox"/> Empathy |
| <input type="checkbox"/> Responsible Citizenship | <input type="checkbox"/> Managing feelings | <input type="checkbox"/> Planning/Organizing | <input type="checkbox"/> Concern for Others |
| <input type="checkbox"/> Contributions to Group | <input type="checkbox"/> Self-discipline | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Accepting Differences |
| <input type="checkbox"/> Effort | <input type="checkbox"/> Healthy Lifestyle | <input type="checkbox"/> Service Learning | <input type="checkbox"/> Conflict Resolution |
| <input type="checkbox"/> Marketable Skills | <input type="checkbox"/> Choices | <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Teamwork | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Cooperation |
| <input type="checkbox"/> Self-Motivation | <input type="checkbox"/> Disease Prevention | <input type="checkbox"/> Decision Making | <input type="checkbox"/> Communication |
| | <input type="checkbox"/> Personal Safety | <input type="checkbox"/> Learning to Learn | |

Please describe how you have learned or worked on three of the skills above.

Skill 1: _____ How I learned this: _____
 Skill 2: _____ How I learned this: _____
 Skill 3: _____ How I learned this: _____

H. ADDITIONAL QUESTIONS

What would you like to be when you grow up? _____
 What are your plans after high school? _____
 What are you proud that you learned this year: _____
 Describe your favorite moment in 4-H this year: _____
 Who helped you with projects this year? _____
 Approximately how many service hours did you perform this 4-H year? _____
 State your 4-H goals for next year: _____

I do not wish to have my information used in a study of Impact Life Skills