

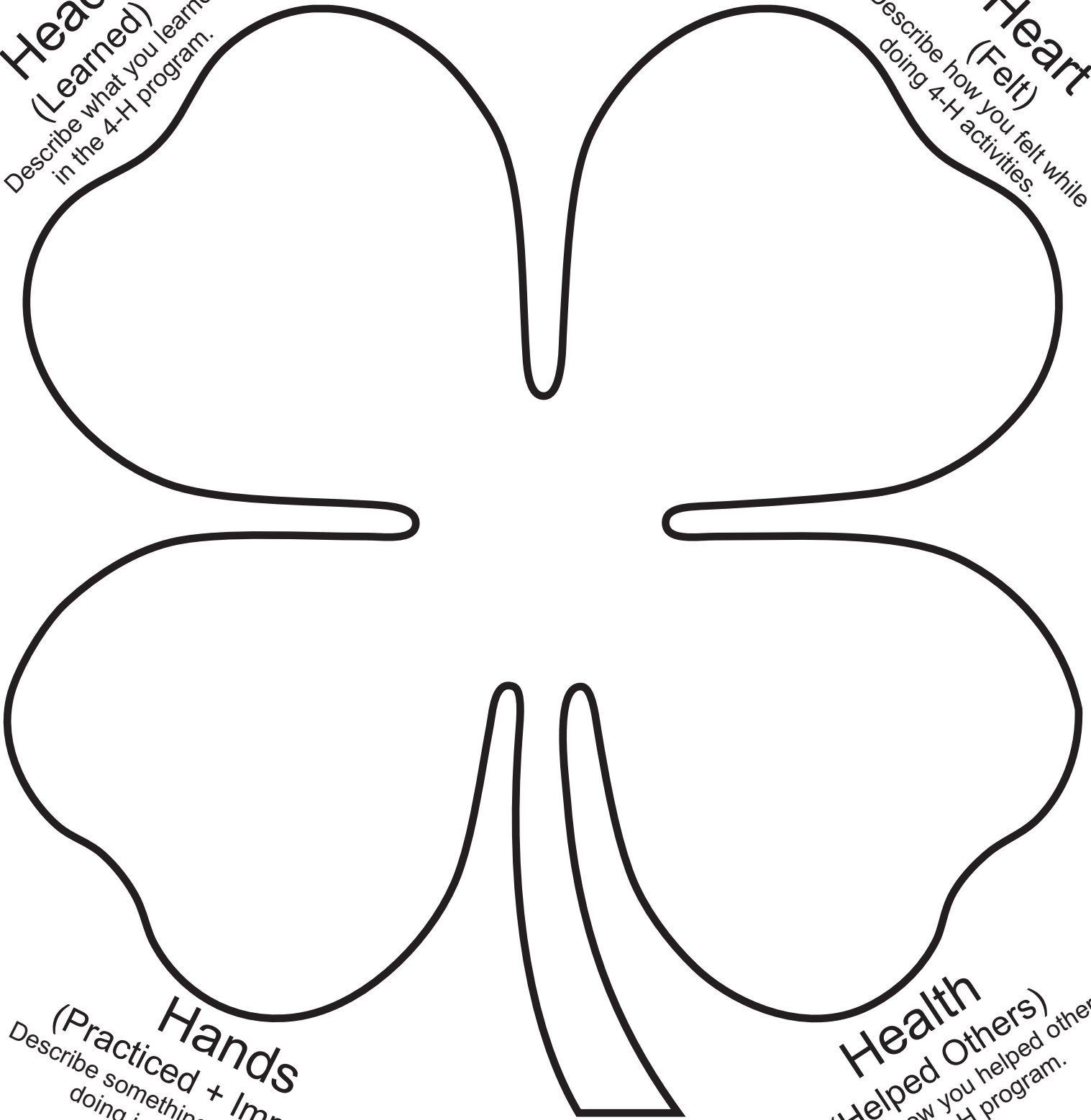
What is your first name?	What is your last name?
What is the name of your program or group?	
What is your age?	
What is your gender?	
Can we use your answers to learn more about 4-H? Please circle "Yes" or "No".	
Yes	No

Please circle one face for each line					
	Disagree			Agree	
1. I can learn something even if it is hard					
2. I can set a goal					
3. I feel good about myself					
4. It is important to make good choices					
5. I can help someone if they need me					
6. I made a friend in 4-H					
7. I have people in my life that care about me					
8. The place where 4-H meets is safe					
9. I think youth in 4-H are nice to each other					
10. I think adults in 4-H are nice to youth					

In each leaf, please write a few words or draw a picture.

Head
(Learned)
Describe what you learned
in the 4-H program.

Heart
(Felt)
Describe how you felt while
doing 4-H activities.



Hands
(Practiced + Improved)
Describe something you got better at
doing in 4-H activities.

Health
(Helped Others)
Describe how you helped others
in the 4-H program.