

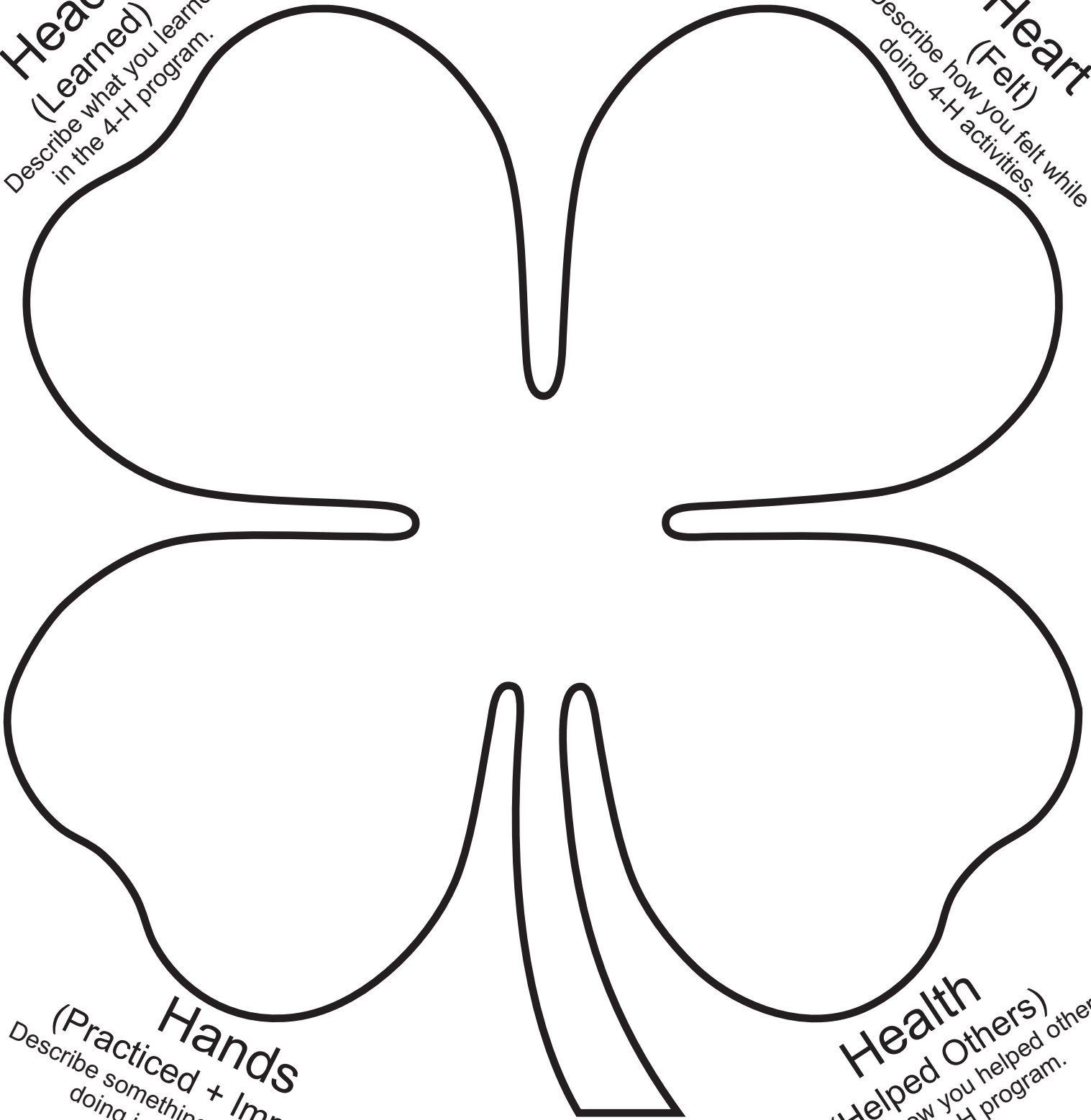
What is your first name?	What is your last name?
What is the name of your program or group?	
Can we use your answers to learn more about 4-H? Please circle "Yes" or "No".	
Yes	No

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.