





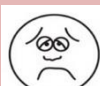


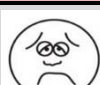


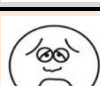


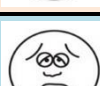





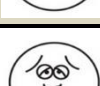










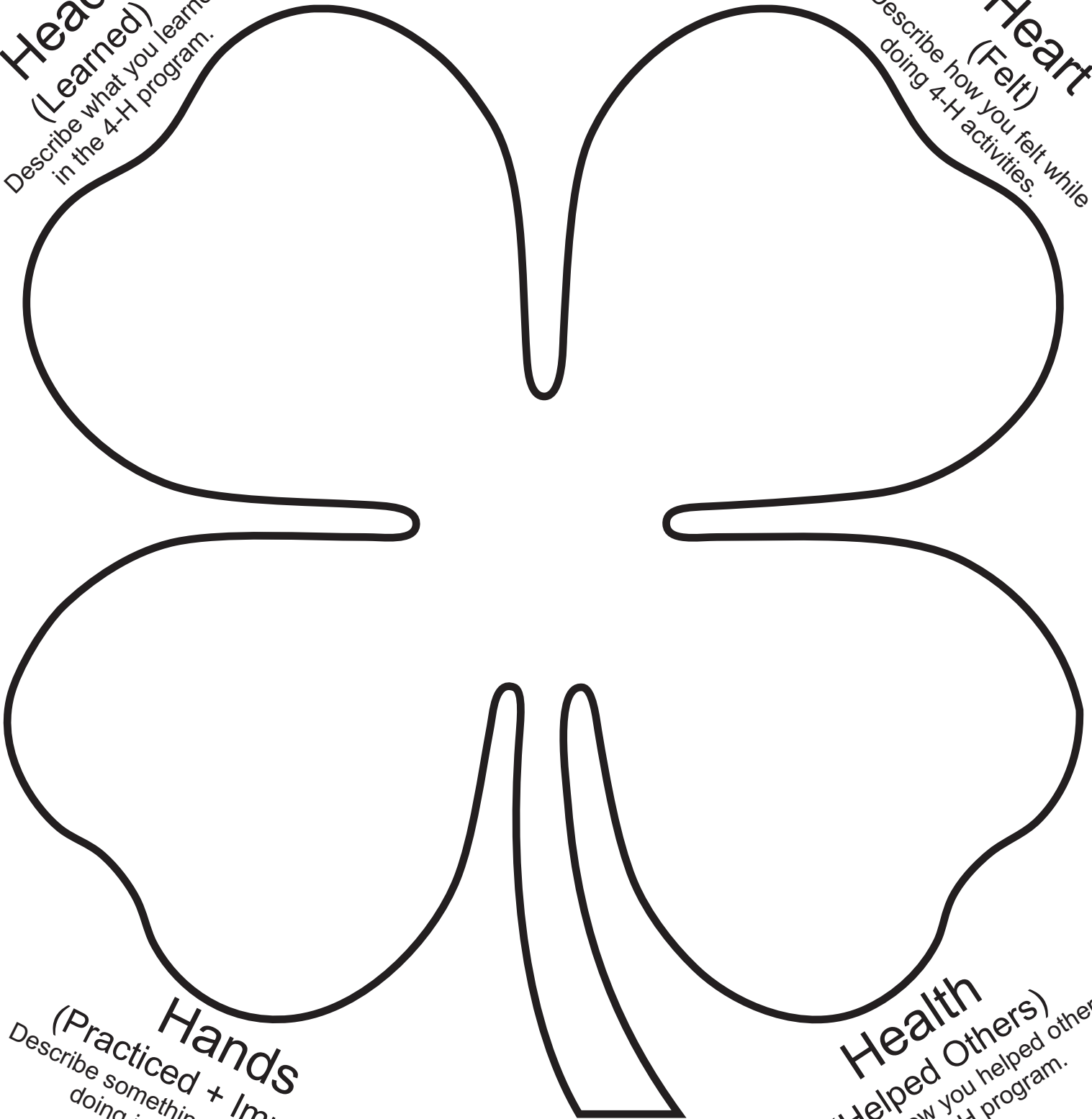
What is your first name?	What is your last name?
What is the name of your program or group?	
Can we use your answers to learn more about 4-H? Please circle "Yes" or "No".	
Yes	No

Circle one face for each line			
	No		Yes
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.