

\*To fill out form and submit, you must use Internet Explorer -OR- save the form and open with Adobe Acrobat Reader\*



## Lewis County 4-H

Cornell Cooperative Extension Lewis County  
5274 Outer Stowe Street, Lowville, NY 13367  
(315) 376-5270

# 4-H Youth Development Project Record Cloverbud Ages 5-7

*If you have done more than one project, please use an additional form.*

Name: \_\_\_\_\_ Age (as of Jan. 1) \_\_\_\_\_

Club Name: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Project Title: \_\_\_\_\_ Years in Project: \_\_\_\_\_

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

### HEART

Make new Friends  
Share  
Care  
Cooperation

### HANDS

Teamwork  
Help  
Make Good Choices  
Be A Leader

### HEAD

Prepare  
Keep a Journal  
Think  
Problem Solving

### HEALTH

Feel Good About Myself  
Enjoy My Project  
Be Safe  
Take Care of Myself

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



Awful



Not very good



Good



Really good



Brilliant

**Explain what you did for your project:**

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**Did you have fun? Do you think other people would like to do this project?**

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