WINNEBAGO COUNTY



**HEALTH PROJECT RECORD FOR 20**

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| --- | --- |
| Things I plan to do and learn this year in this project are: (complete this box between Jan. 1 — May 1) | Check When Done |
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Which aspect of wellness did you work on the most this year?

Physical Emotional

Intellectual Environment

Social

Why?

**Ways You Received Help This Year Include:**

**(check all that apply)**



**Exhibits in This Project:**

**Item Placing**

(additional page may be added)

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| --- | --- |
|  | Attended project training offered by my club |
|  | Attended project training offered at the county level |
|  | Attended project training offered at District or State Level |
|  | Guidance from 4-H Leader/4-H Club |
|  | Guidance from Parent/Guardian/Other Adult |
|  | Reading and use of 4-H project guides |
|  | Reading and use of literature, books, audio visual resources |
|  | Own knowledge |
|  | Help from friends/other youth |
|  | Other (describe) |

Choose 1 exhibit you made. Explain what you did and what you learned from making the exhibit.

Exhibit:

List at least 2 health industry related careers that you can identify.

Are you interested in a career related to the health industry?

Yes\_ No\_ Maybe\_



What health project related skill(s) do you still want to learn or improve?

**Project Worth Statement**

Has this project been worthwhile to you? Why or why not?

Revised 11/2006