# Outagamie County 4-H

**Project Plan & Record Book Evaluation Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |   |  | Grade |   |  | Year in Project |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This record is for my  |  | **project** |  | **Current Year:** | \_\_\_\_\_ |

Use one of these forms for each project in which you enroll. With the help of your project leader, list the major things you want “to do and learn.” If you are re-enrolling, you should consider last year’s evaluation in planning your new project program. Include only this year’s project and not work done before this year. Complete the top part of this form at the beginning of the year and the lower half at the end of the project year.

**What would I like to learn and do in my project this year?**

**What did I learn and do this year?** If you did not do and learn all of the things you listed above, give the reason. If you have done and learned additional things, list these also.

**Financial** State what you learned about the financial aspects of your project (such as income, expenses, and financial agreements).

*Add pages consisting of pictures, drawings, story, or anything you feel is important about this project and include it here. Use your imagination.*

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## **Talks and Demonstrations That I Gave in This Project**

|  |  |  |
| --- | --- | --- |
| Title |  | Where Given |
|  |  |   |
|   |  |   |

## **Activities/Tours and Events in This Project**

|  |  |  |
| --- | --- | --- |
| What was done |  | Where |
|   |  |   |
|   |  |   |
|   |  |   |

## **Exhibits**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What was shown |  | Where |  | Placing |
|   |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  |   |
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|   |  |   |  |   |

|  |  |  |
| --- | --- | --- |
| **Did you:** | **Yes** | **No** |
| Feel a sense of satisfaction from completing the project | [ ]  | [ ]  |
| Plan to enroll in this project next year |[ ] [ ]
| Have an opportunity to show others what you have learned |[ ]  [ ]  |
| Understand other people better by working with them |[ ]  [ ]  |
| Enjoy this project |[ ] [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Weighing the yes’s against the no’s, do you feel this project was worthwhile for you?  | Yes |[ ]  No |  [ ]  |

 Member’s Signature Parent’s Signature