

SELF DETERMINED RECORD



| MING Name | |
|-----------------------|---|
| y Project Plan | Club |
| | |
| | A |
| Day (Today's date) | Year |
| Date to be done | Accomplishments & Frustrations (Complete during the year) |
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| | |
| | Day |

My Project Plan (continued)

| My Project Goals (What I plan to do & learn) | Date to be done | Accomplishments & Frustrations (Complete during the year) |
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Project Agreement

After your project plan is complete, sit down with your leader and/or project helper and write down what each of you will do during the year. Review this agreement when completing the evaluation at the end of the year.

| Title & Description of Project | | _ |
|---|------------------|---|
| Things I will do: | When: | _ |
| | | |
| My Project Helper will do: | When: | |
| | | |
| | | |
| My 4-H Leader will do: | When: | |
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| We have review the plan for this project. | | |
| Helper Comments: | Leader Comments: | |
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My Project Evaluation

| What aspect of the project was most valuable? Why? |
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| What difficulties did you encounter? |
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| What could have been improved in the planning of this project? |
| what could have been improved in the planning of this project. |
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| What recommendations would you make for others conducting a similar project? |
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| Helper or Leader evaluation: |
| Tresper of Leader evaluation. |
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Wyoming 4-H Self-Determined Project **Proposed Plan for Approval**



Wyoming Cooperative Extension Service
University of Wyoming

| Before you begin your 4-H self-determined project, complete the form your county Extension office. Because the self-determined project in subjects and programs, your county Extension personnel need to be Wait until the form is signed and returned to you before starting you | ncludes a wide variety of informed of your plans. |
|---|---|
| Name: | |
| County: | |
| Address: | |
| Phone number: | |
| Age: | |
| Topic or subject of your self-determined project: | |
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| Briefly describe what you will do: | |
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| Approved: | _County Extension Office |
| UW | 7 Risk Management Office |
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