

4-H Teen Leadership Project Evaluation

Title of Leadership Project _____

Type of Activity (*check one*): Club County Community State Other

When was the project done (date(s), time(s))? _____

Where was the activity held? _____

Who/What was the activity for? _____

Other teen/adult leaders involved _____

Purpose of activity _____

Resources Used (people/materials) _____

What happened as a result of the activity (outcome)? _____

Evaluate the activity. Was it successful? Why or why not? Would you change anything?

What did you learn as a result of this activity?

Activity Advisor=s Evaluation: _____

Advisor/Leader Signature _____ Date _____