

# Wabaunsee County 4-H

## Independent Study Year-End Completion Form

This form is due to the Extension Office at the end of the 4-H year, by the first Monday in October.

**To ensure that young people choosing Independent (individual study) membership have a 4-H experience of the highest quality, they must commit to the following items, based upon Kansas 4-H Youth Development Policies (Revised April 2013).**

1. Submit to the local Extension office upon enrollment, a completed Independent Study 4-H Member Application. This application should accompany the Kansas 4-H Participation Form, and be submitted to the Extension Office by January 1.

Date Submitted: \_\_\_\_\_

2. Complete a minimum of one community service learning project during the year.

Community Service Completed: \_\_\_\_\_

Date(s) Completed: \_\_\_\_\_

3. Publicly demonstrate learning by giving a presentation before a group and/or exhibiting at the county fair.

Type of presentation/exhibition: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

4. Meet with designated mentor six or more times throughout the year to discuss progress toward goals and celebrate accomplishments.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

5. Reflect on learning by completing a Kansas 4-H Personal Page, 4-H Story, and 4-H Permanent Record. These are due to the Extension Office by the first Monday of October.

6. Abide by all county, state and national 4-H policies and recognize the authority of Extension staff to establish and enforce rules and policies.

7. Contribute to the larger 4-H program by actively participating in county and state fundraising efforts; volunteering to lead or assist with 4-H committees, programs and activities; reading and responding to Extension Office correspondence; and remaining informed and current on 4-H opportunities, procedures and guidelines.

**I certify that I completed the minimum goals and community activities in this plan.**

4-H Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I certify that this 4-H Member has successfully completed the minimum goals and community activities included in this plan.**

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_