



4-H CLUB HEALTH ACTIVITY GUIDE: PHYSICAL ACTIVITY
END-OF-YEAR RECORD FORM

HELP US TRACK OUR PROGRESS WITH THE W.VA. 4-H HEALTH H PROGRAM

Please complete the information each month. At the end of the club year, cut out the form and put it in an envelope. **Mail it by October 1 to your Extension agent.**

4-H Health Officer Name: _____ Date: _____

County: _____ Club Name: _____

At each monthly club meeting, fill in the information below. Also, please send us comments about the 4-H Health Officer role, *4-H Club Health Activity Guide* and Family Handouts.

Meeting date	✓ Check activities you did each month	Number of 4-H members	Number of 4-H adult leaders	Number of 4-H family members (parents, siblings)
JAN. Move More	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			
FEB. Small Steps to Success	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			
MAR. Barrier Buster	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			

Meeting date	✓ Check activities you did each month	Number of 4-H members	Number of 4-H adult leaders	Number of 4-H family members (parents, siblings)
APRIL Limit Screen Time	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			
MAY Walking	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			
JUNE Healthy Weight	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			
JULY Safe on Wheels	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			
AUG. Water First	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			
SEPT. Lifetime Activities	<input type="checkbox"/> Be in the Know <input type="checkbox"/> Health H Hint <input type="checkbox"/> Roll Call <input type="checkbox"/> Instant Activity <input type="checkbox"/> Nutritious Snack <input type="checkbox"/> Family Handout			