

LANGLADE COUNTY

MUSIC/THEATRE ARTS PROJECT FOR _____

Name _____

Years in project including this year _____

Things I want to learn in the project _____

What I have learned: _____

Things I want to learn more about: _____

Changes I would make: _____

Ways You Received Help This Year Include (check all that apply):

Describe or Explain

<input type="checkbox"/> Attended project training offered in the county	_____
<input type="checkbox"/> Attended project training offered at district or state level	_____
<input type="checkbox"/> Guidance from a 4-H leader	_____
<input type="checkbox"/> Guidance from a parent	_____
<input type="checkbox"/> Reading and use of literature, books, audio visual resources	_____
<input type="checkbox"/> Guest presenters	_____
<input type="checkbox"/> Own knowledge	_____
<input type="checkbox"/> Help from friends/other youth	_____
<input type="checkbox"/> Other (describe)_____	_____