



Leadership — Plan of Action

Name _____ Club _____

County _____ Years in 4-H _____ Years in Leadership Project _____ Age _____

S.M.A.R.T. Goal	Plan: What you plan to do?	Resources Needed: People and Materials	Results: What happened?	Evaluate: Evaluate your results

Leader Signature _____

Date Approved _____

County Office _____

Date Approved _____

