## CHILD PARTICIPATION – DOSAGE TO BE COMPLETED BY PROGRAM STAFF

**Directions:** Please select the appropriate response for each item below.

L.	How many of the sessions did this young person attend?
2.	How many hours per session did this young person participate in this program?
	☐ Less than 1 hour
	☐ 1 hour
	☐ 2-3 hours
	☐ 4-5 hours
	☐ 6 or more hours
3.	How long has this young person participated in 4-H?  ☐ Less than 1 year
	☐ 1 year
	☐ 2-3 years
	☐ 4-5 years
	☐ 6-7 years
	□ 8-9 years
	☐ 10 or more years
	☐ I do not know
	☐ This is not a 4-H program

ID:				