CFAES

Jackson County 4-H Afterschool Program Information Sheet

Return to Maddie Allman at allman.68@osu.edu or to the Jackson County OSU Extension Office, 17 Standpipe Rd. Jackson, OH 45640.

School Name: _____

Program Name (If Applicable): _____

Description of Program: _____

_____

_____

_____

Program Date(s): _____

_____

Total Number of Program Hours: _____

Circle all that apply:

Grade(s): Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Total Number of Youth Per Grade:

Pre-K ____ K ____ 1 ____ 2____ 3____ 4____ 5____

6____ 7____ 8____ 9____ 10____ 11____ 12____

How many youths are current 4-H members? _____

Number of children from military families: _____

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Student Data:

Please indicate by using numbers the Race, Ethnicity, Gender (REG) Data for the group of students participating in 4-H school programming.

	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	Hispanic	White	Two or more races	Other/ Unknown	Total
Ex:		1	1			10			12
Male									
Female									
Other									

Farm	Rural (Under 10,000)	Town (10,000-50,000)	Suburb of Cities (less than 50,000)	Central Cities (Greater than 50,000)

Adult Volunteer Data (teacher data):

Please indicate by using numbers the Race, Ethnicity, Gender (REG) Data for the group of educators and volunteers helping with 4-H school programming.

	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	Hispanic	White	Two or more races	Other/ Unknown	Total
Male									
Female									
Other									

Farm	Rural (Under 10,000)	Town (10,000-50,000)	Suburb of Cities (less than 50,000)	Central Cities (Greater than 50,000)

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