

4-H Bio-Security Proficiency Level 1

Check Sheet for Completion

Youth Name: _____ Age: _____

County/Club: _____

Leader Name: _____

Start Date: _____

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|---|------------------|
| Group work: Attend Meeting 1; complete the activity <i>“Understanding Disease Transmission.”</i> | Youth Signature |
| | Leader Signature |
| Independent work: Complete and submit work from <i>either</i> the <i>“Is Your Goat Feeling Green?”</i> <i>or</i> the <i>“Is Your Horse Healthy?”</i> activity. | Youth Signature |
| | Leader Signature |
| Independent work: Complete and submit 2 weeks of records from your Animal Health Journal | Youth Signature |
| | Leader Signature |

Date Level 1 Completed: _____