

# 4-H Bio-Security Proficiency Level 4

## Check Sheet for Completion

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_

County/Club: \_\_\_\_\_

Leader Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

<b>Group work 1:</b> Attend meeting(s); work with group members to identify a topic for presentation, identify audience, develop presentation, and practice presentation.	Youth Signature
	Leader Signature
<b>Group work 2:</b> Deliver presentation to intended audience.	Youth Signature
	Leader Signature

Date Level 4 Completed: \_\_\_\_\_