

Number of Years in Child Development Project: _____

What are your goals for this project?

- A. _____

- B. _____

Exhibits Description:

Type of Materials/Supplies or Equipment Used (note item and cost if applicable):

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Total Cost to you (if any): _____

PROJECT MEETINGS

Number of project meetings held: _____ Number I attended: _____ County meetings I attended: _____

Number of hours spent on exhibits: _____

