



LESS STRESS ON THE TEST

Documentation Log

Student Name: _____

School: _____ Grade: _____

County: _____

Teacher Signature: _____

Stress Reducing Activity	# Minutes Logged
Total Hours (should be equal to 5 hours)	

This form should be turned in to your teacher or 4-H leader to document your participation in Georgia 4-H Health Rocks! Less Stress On the Test program.

4-H Agent's Information – Phone: _____ Email: _____