



## Floriculture Project Level B Plant Record

Name \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Common name of plant you grew: \_\_\_\_\_

Scientific name: \_\_\_\_\_

Date you started this activity: \_\_\_\_\_

List the actions you performed, the results of the action, and your observations.

Date	Action (water, fertilizer, re- potting, moving location, removing dead leaves or flowers, etc.)	Results of Action	Observation of your plant (did it grow, is it healthy, etc.)

What part of this project did you find most interesting or fun?

---



---



---

What part of this project did you find the most difficult?

---



---



---

Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_