

Floriculture Level A Record Sheet

4-H-966a-W

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Township _____ 4-H Club _____

County _____ Years in project _____ Years in 4-H _____

4-H-er should review the Floriculture Manual Level A and record activities that were completed this year. 4-H Leader should check activity and initial on the line. Youth should complete at least 5 Try This or Dig Deeper activities per year.

“a” activities for 3rd grade	Date Completed Month/Day/Year	Helper Initials	“b” activities for 4th grade	Date Completed Month/Day/Year	Helper Initials
Chapter 1 Let’s Plan			Chapter 1		
1a Somewhere over the Rainbow...Garden	_/_/_/	_	1b A Cut Above the Rest	_/_/_/	_
Chapter 2 Dig In			Chapter 2		
2a Digging in...the Soil	_/_/_/	_	2b Transplants for a Speedy Start	_/_/_/	_
Chapter 3 While You Wait			Chapter 3		
3a Blooming Seeds	_/_/_/	_	3b Flower Power	_/_/_/	_
Chapter 4 Watch Out			Chapter 4		
4a Healthy Plant Parts	_/_/_/	_	4b What’s Buggin’ You?	_/_/_/	_
Chapter 5 Now What?			Chapter 5		
5a A Blooming Rainbow	_/_/_/	_	5b Blooms A-Round	_/_/_/	_
Chapter 6 Imagine That			Chapter 6		
6a An Introduction to Floriculture	_/_/_/	_	6b Plants Around the World	_/_/_/	_

Title of Action Demo _____

Location of Action Demo _____

4-H Member’s Signature _____

4-H Leader’s Signature _____

Floriculture Level B Record Sheet

4-H-967a-W

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Township _____ 4-H Club _____

County _____ Years in project _____ Years in 4-H _____

4-H-er should review the Floriculture Manual Level B and record activities that were completed this year. 4-H Leader should check activity and initial on the line. Youth should complete at least 5 Try This or Dig Deeper activities per year.

“a” activities for 5th grade	Date Completed Month/Day/Year	Helper Initials	“b” activities for 6th grade	Date Completed Month/Day/Year	Helper Initials
Chapter 1 Let’s Plan			Chapter 1		
1a Try a Theme Garden	___/___/___/	___	1b Happy Houseplants	___/___/___/	___
Chapter 2 Dig In			Chapter 2		
2a Start Your Own Seeds	___/___/___/	___	2b Add a Houseplant to Your Home	___/___/___/	___
Chapter 3 While You Wait			Chapter 3		
3a Soil? or Soilless Mix?	___/___/___/	___	3b Turning Light into New Leaves	___/___/___/	___
Chapter 4 Watch Out			Chapter 4		
4a Best Pest Control	___/___/___/	___	4b Water: How Much Do Plants Need?	___/___/___/	___
Chapter 5 Now What?			Chapter 5		
5a All Dried Up, But Beautiful	___/___/___/	___	5b Landscaping Indoors	___/___/___/	___
Chapter 6 Imagine That			Chapter 6		
6a A Gift of Flowers	___/___/___/	___	6b Sewing Seeds of Community Service	___/___/___/	___

Title of Action Demo _____

Location of Action Demo _____

4-H Member’s Signature _____

4-H Leader’s Signature _____



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 _____

Floriculture Level C Record Sheet

4-H-968a-W

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Township _____ 4-H Club _____

County _____ Years in project _____ Years in 4-H _____

4-H-er should review the Floriculture Manual Level C and record activities that were completed this year. 4-H Leader should check activity and initial on the line. Youth should complete at least 5 Try This or Dig Deeper activities per year.

“a” activities for 7th grade	“b” activities for 8th grade	“c” activities for 9th grade
<p>Chapter 1 Let’s Plan</p> <p>1a Garden in a Planter _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 1</p> <p>1b Tools and Mechanics _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 1</p> <p>1c Everlasting Beauties _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 2 Dig In</p> <p>2a Garden in a Bottle _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 2</p> <p>2b Basic Floral Design _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 2</p> <p>2c Preserving Flowers _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 3 While You Wait</p> <p>3a Plants from Cuttings _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 3</p> <p>3b The Elements of Design _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 3</p> <p>3c Drying with Dessicants _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 4 Watch Out</p> <p>4a Checking pH _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 4</p> <p>4b Keep 'Em Alive _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 4</p> <p>4c More about Drying _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 5 Now What?</p> <p>5a European Planters _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 5</p> <p>5b Wearable Flowers _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 5</p> <p>5c More Options for Everlasting Flowers _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 6 Imagine That</p> <p>6a Find a Future in Flowers _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 6</p> <p>6b Improving Your Community _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 6</p> <p>6c An Introduction to Horticultural Therapy _____ / _____ / _____ / _____ Date Completed Initials</p>

Title of Action Demo _____

Location of Action Demo _____

4-H Member’s Signature _____

4-H Leader’s Signature _____

Floriculture Level D Record Sheet

4-H-969a-W

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Township _____ 4-H Club _____

County _____ Years in project _____ Years in 4-H _____

4-H-er should review the Floriculture Manual Level D and record activities that were completed this year. 4-H Leader should check activity and initial on the line. Youth should complete at least 4 Try This or Dig Deeper activities per year.

“a” activities for 10th grade	“b” activities for 11th grade	“c” activities for 12th grade
<p>Chapter 1 Let’s Plan</p> <p>1a An All-Seasons Garden _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 1</p> <p>1b Tracking Expenses _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 1</p> <p>1c Planning a Floral Business _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 2 Dig In</p> <p>2a Forcing Flowers _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 2</p> <p>2b Year-Round Flowers _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 2</p> <p>2c Making a Market Plan _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 3 While You Wait</p> <p>3a Try Out Tissue Culture _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 3</p> <p>3b Greenhouse Gardening _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 3</p> <p>3c The Big Event _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 4 Now What?</p> <p>4a Designing by Season _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 4</p> <p>4b Contemporary Design _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 4</p> <p>4c Here Comes the Bride! _____ / _____ / _____ / _____ Date Completed Initials</p>
<p>Chapter 5 Imagine That</p> <p>5a Carrers and Community _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 5</p> <p>5b Using Your Skills _____ / _____ / _____ / _____ Date Completed Initials</p>	<p>Chapter 5</p> <p>5c Looking Further _____ / _____ / _____ / _____ Date Completed Initials</p>

Title of Action Demo _____

Location of Action Demo _____

4-H Member’s Signature _____

4-H Leader’s Signature _____



Floriculture Project Level D Plant Record

Name _____ County _____ Date _____

Common name of plant you propagated: _____

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 _____