

Aquatic Science Record Sheet: Equipment and Supplies

Name _____ Grade _____ Year 20_____

Name of club _____ Years in club work _____

County _____ Township _____

Item	Use	Cost
Total Cost:		



Aquatic Science Record Sheet: Experiment Record

Name _____ Grade _____ Year 20 _____

Name of club _____ Years in club work _____

County _____ Township _____

Purpose: Define what you want to study or observe.

Gather Information: Facts and information relating to the area you are studying.

Idea:

Experimenting: Prepare your outline or the steps you are going to attempt in order to test your idea.

Observation: What did you see happen as a result of your experiments?

Record Data: What happened? What were the results?

Conclusions: Tell what you found out as a result of the above.



Aquatic Science Record Sheet: Fish Record

This table will be a record of your success with the 4-H Aquatic Science Project. List each fish that you acquire. You should also record any other animals that you add to your aquarium, such as snails, tadpoles, etc.

Name _____ Grade _____ Year 20_____

Name of club _____ Years in club work _____

County _____ Township _____

Common Name	Scientific Name	Number	Date Acquired	Comments



Aquatic Science Record Sheet: Food and Feeding Practices

It is a good idea to keep track of what food you purchase. Occasionally you may wish to vary the diet of your fish. You may wish to buy live food from time to time in place of a steady diet of dry cereal. You will find it helpful to keep a record of the kinds of food you use and the results obtained. This information may also be kept in your Aquatic Science Equipment and Supplies Record Sheet.

Name _____ Grade _____ Year 20 _____

Name of club _____ Years in club work _____

County _____ Township _____

Kind of Fish	Food Type	Condition	Purchased or Acquired	Comments



Aquatic Science Record Sheet: Losses

Fish and plants occasionally die from disease, age, or other reasons. You should keep a record to better understand why they may have died and to prevent this in the future.

Name _____ Grade _____ Year 20_____

Name of club _____ Years in club work _____

County _____ Township _____

Name of Fish	Date	Observations — Symptoms



Aquatic Science Record Sheet: Problems

You should record any special conditions and/or problems encountered. Explain what actions you took and the results. Were you successful?

Aquatic animals also have diseases and can be threatened by unsafe living conditions. You must learn to recognize these dangers and symptoms.

Name _____ Grade _____ Year 20_____

Name of club _____ Years in club work _____

County _____ Township _____

Symptoms or Conditions	Corrections	Result





Wabash County 4-H
**Farm or Construction Toy
Scene Record Sheet**

Updated 8/2019

NAME: _____

CLUB: _____

Beg: 3 4 5 **Int:** 6 7 8 **Adv:** 9 10 11 12

(Circle grade level as of January 1 of current calendar year.)

1. Describe the scene you modeled this year.

2. I modeled this scene because _____

3. List the farm or construction toys used in your display.

4. How did you obtain the toys in your display?

5. What new items would you like to add to your display?

6. How or where did you get the inspiration for the scene you modeled this year?



Wabash County 4-H

**Lego
Record Sheet**

NAME: _____

CLUB: _____

LEVEL A: 3 4 LEVEL B: 5 6 LEVEL C: 7 8 9 LEVEL D: 10 11 12

(Circle grade as of January 1 of current calendar year.)

1. What did you enjoy most about this project? Why? _____

2. Tell about what you did to complete your project. List any articles you made.

3. Tell about the time and cost spent on this project? _____

4. What did you learn through completion of this project?

5. Did you give a demonstration on your project? _____ yes _____ no

Name of Demonstration _____



Wabash County 4-H

Recycling Record Sheet

NAME: _____

CLUB: _____

LEVEL 1: 3 4 5 LEVEL 2: 6 7 8 LEVEL 3: 9 10 11 12

(Circle grade as of January 1 of current calendar year.)

1. Why did you choose this 4-H project?

2. List three things you learned from this project.

3. How has this project changed the way you think about recycling?

4. Has your family started recycling? _____ If yes, what do they recycle? _____

5. Did Recycling make a difference in your family?

a. Number of bags (on average) your family sent to the landfill, when you started this project?
_____ *Do not count items recycled.*

b. Number of bags (on average) your family sent to the landfill after learning about recycling in this project: _____ *Do not count items recycled.*

c. *Difference per week* _____ *x 52 weeks = Difference per year* _____

6. What did you like best about this project? _____

7. What did you like least about this project? _____

8. What did you make for your 4-H project? _____

9. What was the original use for the main part of your project? _____

10. What other recycled materials were used to complete your project? _____

11. How much time was required to complete your project? _____

12. What was the total cost of materials in your project? _____

13. As a result of this project what are you going to do differently? _____



Wabash County 4-H

Scrapbooking Record Sheet

NAME: _____

CLUB: _____

Beginning: 3 4 5 Intermediate: 6 7 8 Advanced: 9 10 11 12

(Circle grade as of January 1 of current calendar year.)

Check the class entered: ___ Traditional Scrapbook ___ Digital Scrapbook

1. What have you learned while working on this project?

2. What new skills did you try in scrapbooking this year?

3. What do you most enjoy about the 4-H scrapbook project?

4. Where did you find ideas, information, and instruction that you needed to complete this project?

5. Did you help others learn about scrapbooking? _____ If yes, write a brief description of how you taught someone else about this project.

6. Write a brief description of how skills you have learned or perfected through the 4-H Scrapbook project has helped you with other school, work, or 4-H projects.

7. Have you participated in any tutorials either in person or online that have taught you new scrapbook skills this year? _____ If yes, write a brief description of the tutorial.



Wabash County 4-H
Seasonal Decorations
Record Sheet

Updated 8/2019

NAME: _____

CLUB: _____

Level 1: 3 4 5 **Level 2:** 6 7 8 **Level 3:** 9 10 11 12
(Circle grade level as of January 1 of current calendar year.)

1. Give a brief description of your decoration and describe what occasion you will use your decoration for.

2. What materials did you use to make your decoration?

3. What did you learn while preparing your Seasonal Decorations project this year?

4. How or where did you get inspiration for your Seasonal Decorations project?

4. Cost of decoration materials:

6. Did you give a demonstration about your Seasonal Decorations project? _____ Yes _____ No

Name of demonstration _____



Wabash County 4-H

**Cake Decorating
Record Sheet**

NAME _____

CLUB _____

GRADE Beginning 3 4 5 Intermediate 6 7 8 Advanced 9 10 11 12
(Circle grade level as of January 1 of current calendar year.)

Check Class Entered Cakes Cupcakes

Description of Cake Decorating Project: _____

1. Describe equipment or materials purchased for this year.

2. Describe cake decorating skills you have learned this year.

3. List related activities in which you participated (for example demonstrations, workshops, etc.)

4. Decorating Record:

Date	Name of Product Decorated	Description or Occasion

Collections Record Sheet

Name _____

Grade _____ Division _____

I have reviewed this record and believe it to be both complete and correct.

SIGNATURE OF LEADER _____ DATE _____

1. Why did you decide to collect these items?

2. How do you plan to add to your collection?

3. How do you store/display your collection at home?

4. What do you like most about collecting items for this project?

5. Do you expect your collection to become more valuable? If so, what leads you to believe so?

6. Should other people become interested in collecting this item? Why?

7. Of the many articles in the collection, which is your favorite? Why?

8. What resource books have you read or purchased to help you with your collection?

Collection Project Record: The entire collection should be accounted for on the Inventory List Sheets. Your Inventory Lists and Story Sheet are to be part of your exhibit for judging.

4-H Creative Writing Project Record Sheet

Name: _____

Club Name: _____

Grade: _____

Year in 4-H _____

Did you practice writing observations in a notebook? YES NO

What kind of writing did you practice for this project? (circle all that apply)

Poetry Prose Children's Story

What other kind of writing are you interested in? (circle all that apply)

Newspaper Articles Lyrics for Music Comic Strips Others: _____

Why did you enroll in the 4-H Creative Writing Project?

Member's Signature: _____



Wabash County 4-H

Consumer Meats
Record Sheet

NAME: _____

CLUB: _____

GRADE (as of January 1 of current calendar year): _____

Class Entered: ___Beef ___Lamb ___Pork ___Poultry (Complete a separate record sheet for each class entered.)

1. Below fill in the recipes you prepared and what your family's opinion was of them:

Recipe Name 1: _____

Comments: _____

Recipe Name 2: _____

Comments: _____

Recipe Name 3: _____

Comments: _____
Comments: _____

2. List 3 things that you learned while making your meat dishes.

Name of meat cut	Number of pounds for your family	Cost of meat for one family meal	Cost per serving



Wabash County 4-H
Dollar Designs
Record Sheet

Updated 8/2019

NAME: _____

CLUB: _____

Level 1: 3 4 5 Level 2: 6 7 8 Level 3: 9 10 11 12
 (Circle grade level as of January 1 of current calendar year.)

Record of Purchases

What I Bought	Where it was Purchased	Total Cost	Reason(s) for Purchase

Materials Used for Assembly

Material	Reason(s) for Use

Describe the product you made and what you will use it for. Why did you decide to make this product?

Note: Don't forget to bring a copy of your receipt for judging!

Fantastic Foods Level A Year 1 Record Sheet

4-H-1032a-W New 2015

1. List three new things you learned in this project. _____

2. What was the most surprising thing you learned about yourself while completing this project?

3. Did you give an interactive demonstration? No Yes Title _____

4. List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

5. Write the number of times you did these other things:

Activity	Number of Times
Set table	
Cleaned up kitchen	
Collected recipes	
Helped serve family meals	
Shopped for groceries	
Put away groceries	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

Fantastic Foods Level A Year 2 Record Sheet

4-H-1032b-W New 2015

1. What did you learn about food safety from this project? _____

2. What are some things to keep in mind when you go to the grocery store to buy food?

3. Did you give an interactive demonstration? No Yes Title _____

4. List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

5. Write the number of times you did these other things:

Activity	Number of Times
Set table	
Cleaned up kitchen	
Collected recipes	
Helped serve family meals	
Shopped for groceries	
Put away groceries	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

Tasty Tidbits Level B Year 1 Record Sheet

4-H-1033a-W New 2015

1. List three new things you learned in this project. _____

2. What was the most surprising thing you learned about yourself while completing this project?

3. Did you give an interactive demonstration? No Yes Title _____
4. How did you help your family with their meals while doing this project? _____

5. List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

6. Write the number of times you did these other things:

Activity	Number of Times
Set table with centerpiece	
Cleaned up kitchen	
Collected recipes	
Helped serve family meals	
Planned and cooked entire meal	
Shopped for groceries	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

Tasty Tidbits Level B Year 2 Record Sheet

4-H-1033b-W New 2015

1. What three new skills did you develop in this project? _____

2. What did you learn about buying food? _____

3. What are some things you learned about careers in the food industry? _____

4. Did you give an interactive demonstration? No Yes Title _____
5. List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

6. Write the number of times you did these other things:

Activity	Number of Times
Set table with centerpiece	
Cleaned up kitchen	
Collected recipes	
Helped serve family meals	
Planned and cooked entire meal	
Shopped for groceries	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

You're the Chef Level C Year 1 Record Sheet

4-H-1034a-W New 2015

- List three new things you learned in this project. _____

- What was the most surprising thing you learned about yourself while completing this project?

- Did you give an interactive demonstration? No Yes Title _____
- What did you learn about meal management in this project? _____

- List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

- Write the number of times you did these other things:

Activity	Number of Times
Collected recipes	
Helped serve family meals	
Planned and cooked entire meals	
Shopped for groceries	
Taught a sister, brother, or someone younger to cook	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

You're the Chef Level C Year 2 Record Sheet

4-H-1034b-W New 2015

- Describe what you learned about selecting healthy food. _____

- Describe what you learned about food additives. _____

- What are some things you learned about careers in the food industry? _____

- Did you give an interactive demonstration? No Yes Title _____
- List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

- Write the number of times you did these other things:

Activity	Number of Times
Collected recipes	
Helped serve family meals	
Planned and cooked entire meals	
Shopped for groceries	
Taught a sister, brother, or someone younger to cook	
Helped younger 4-H members with activities in the Foods manual	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

You're the Chef Level C Year 3 Record Sheet

4-H-1034c-W New 2015

1. What did you learn about evaluating nutrition information on the Internet or in the media (magazines, television, radio)? _____

2. Did you give an interactive demonstration? No Yes Title _____

3. As a result of the activities you completed this year, what will you do differently? _____

4. List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

5. Write the number of times you did these other things:

Activity	Number of Times
Collected recipes	
Helped serve family meals	
Planned and cooked entire meals	
Shopped for groceries	
Taught a sister, brother, or someone younger to cook	
Helped younger 4-H members with activities in the Foods manual	
Bought food in quantity and divided into smaller portions	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

Foodworks Level D Year 1 Record Sheet

4-H-1035a-W New 2015

1. List three new things you learned in this project. _____

2. What was the most surprising thing you learned about yourself while completing this project?

3. Did you give an interactive demonstration? No Yes Title _____
4. What did you learn about meal management in this project? _____

5. List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

6. Write the number of times you did these other things:

Activity	Number of Times
Collected recipes	
Helped serve family meals	
Planned and cooked entire meals	
Shopped for groceries	
Taught a sister, brother, or someone younger to cook	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

Foodworks Level D Year 2 Record Sheet

4-H-1035b-W New 2015

- Describe what you learned about selecting healthy food. _____

- Did you give an interactive demonstration? No Yes Title _____

- What are some things you learned about careers in the food industry? _____

- List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

- Write the number of times you did these other things:

Activity	Number of Times
Collected recipes	
Helped serve family meals	
Planned and cooked entire meals	
Shopped for groceries	
Taught a sister, brother, or someone younger to cook	
Helped younger 4-H members with activities in the Foods manual	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

Foodworks Level D Year 3 Record Sheet

4-H-1035c-W New 2015

1. List three things you learned in this project. _____

2. Did you give an interactive demonstration? No Yes Title _____

3. As a result of the activities you completed this year, what will you do differently? _____

4. List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

5. Write the number of times you did these other things:

Activity	Number of Times
Collected recipes	
Helped serve family meals	
Planned and cooked entire meals	
Shopped for groceries	
Taught a sister, brother, or someone younger to cook	
Helped younger 4-H members with activities in the Foods manual	
Bought food in quantity and divided into smaller portions	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____

YEAR 1

Requirement: Complete this Record Book each time you take a small animal project.

Why Keep Records?

Records help you learn about:

- your animal's growth and development
- the feed your animal requires
- the cost of your animal's feed, equipment, etc.
- your animal's habits

Records help you improve your management practices.

Records help you become prepared and responsible.

Records help you see personal growth and success.

Records help you plan future projects.

Records let you know how much money you spend on your animal.

Records let you figure profit or loss.

Records give you information about your project activities.

If raising litters, records document:

- number and sex of offspring
- health and behavior of offspring
- health and behavior of parent(s)
- costs of raising a litter
- profit or loss

Beginning Project Picture(s)

Attach one or more pictures of your project animal(s) and include a caption.

Project Animal Information

Species of Animal _____

Animal's name	Sex	Color/variety	Age when purchased	Date purchased	Purchase price or value* at start of year	Value* of animal at close of project year

*Hint: To find the value of your pet, visit a pet shop to see how much a pet similar to yours costs.

Feeding Records

Use this chart to keep daily feeding records for the first fourteen days of your project.

Date	Times fed	Kind of food	Amount of food or no. of pieces of lab chow (g/oz./lb.)	Cost of food (g/oz./lb.)	Comments
Total Costs				\$	

Labor Records

Record the time you spend cleaning your pet's cage and equipment, grooming, training, and playing with or exercising your animal. Not all areas may be applicable to your pet. If you do something else with your pet, record that in the "Other" column. Keep the records by the week throughout the project. Record in hours per week.

Beginning date per week	Time spent cleaning	Time spent grooming	Time spent training	Time spent playing or exercising	Other things you do with your pet
Totals	hrs.	hrs.	hrs.	hrs.	

Record of Medical Expenses

Record any medical expenses you have for your project. This includes costs of medicine and veterinary service.

Date	Service or treatment	Name of vet or other person giving treatment	Reason for service or treatment	Cost
				\$
Total Costs				\$

Record of Miscellaneous Expenses

Record below any expenses you have not previously recorded.

Date	Item or service	Reason for item or service	Cost
			\$
Total Costs			\$

Caring for My Small Animal

Ask your 4-H advisor or parent/guardian to evaluate the care you are giving your pet using a scale of 1 to 10, with 1 being poor, 5 being average, and 10 being excellent. Your animal should be inspected once a month for four months.

Points checked	Dates of inspections/rating				Comments
Condition of cage/accessories					
Condition of hair coat/skin					
Condition of eyes					
Condition of ears					
Condition of toenails					
Weight (thin/fat/ideal)					
Temperament (shy/friendly/aggressive)					
Initials of inspector					

Attach a feed label from your commercial pet food below.

Ending Project Picture(s)

Attach one or more pictures of your project animal(s) and include a caption.

4-H CROPS RECORD
Record for Year

Corn _____ Soybeans _____ Oats _____ Wheat _____ Alfalfa _____ (Other) _____

Name _____ Grade (as of Jan. 1) _____

Address _____

Project Leader Signature _____

Years in this project _____ and/or Division enrolled _____

1. Select the activities you plan to complete. (See project requirements.)

Activity	Date completed	Project Leader
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Knowledge and skills learned

List new things you have learned or skills you have gained from this year's project activities.

3. Future plans

List what plans you have to improve this project next year (include comments on such practices as population rates, fertility, insect and disease control, harvesting, storage, and marketing).

Field Survey

To complete this page, visit your field three different times and fill in the blanks as outlined below:

	Survey 1 (early season)	Survey 2 (mid-season)	Survey 3 (just before harvest)
Date	_____	_____	_____
Field owner	_____	_____	_____
Crop description	_____	_____	_____
Number of leaves per plant (average 10 plants)	_____	_____	_____
Plant height (average 10 plants)	_____	_____	_____

Insects present: Write down the kinds of insects and numbers you find.

Insect name	Number	Number	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Weeds present: Write down the kind and number of weeds you find in 10 feet of row. For broadcast plantings use a 1 by 10 foot area.

Weed name	Number	Number	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health problems: Write down the kinds of problems you see and the number of plants with the problems (spots, stripes, holes, yellowing, falling over, rotting).

Problem	Number	Number	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Crop Production Practices

Tillage

Date	Type of tillage	Depth	Other notes
_____	_____	_____	_____
_____	_____	_____	_____

Planting Record (Record as appropriate)

Date planted	Hybrid or variety	Germination	Seeds planted/a.	Depth planted	Row width	Final population/a.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Chemicals Applied (Herbicides-Insecticides, etc.)

Date	Chemical formulation	Rate/a.	Method of application
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fertilizer Applied

Date applied	Pounds of nutrient applied per acre				Type of fertilizer (NH ₃ , 45%, etc.)	Method of application (surface plowdown, etc.)
	N	P ₂ O ₅	K ₂ O	(micro., lime, etc.)		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Harvest Records

Date	Acres harvested	Harvest yield check		Adjusted yield
		Total weight	% moisture	(bu. or tons/a.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date	Price/bu, or ton	Sales record		Total received
		No. of bu. or tons	Less deductions	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Information

Helpful Resources

1. List meetings, workshops, tours, field days, etc. that you attended this year.

2. List Extension bulletins, mimeos, etc. that you used in your project.

3. List names of resource people who helped you and/or your project.

Exhibits, Awards, and Recognition

1. What did you exhibit for your project this year? _____

Award received _____

2. List any other awards or special recognition you received this year.

Special Activities

1. List any talks, demonstrations, radio and/or TV appearances, judging contests, etc. you participated in this year.

Leadership Activities

1. List any Junior Leadership activity you provided other members in this project this year.

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This material may be available in alternative formats.

1-888-EXT-INFO

<http://www.agcom.purdue.edu/AgCom/Pubs/menu.htm>

Wabash County 4-H Crops Record Sheet

Level 1: Grades 3-5

Name _____ Grade (as of Jan. 1) _____

Club _____

Leader's Signature _____

Please place a check beside the project(s) you are taking:

Corn _____ Alfalfa or mixed hay _____ Wheat _____

Oats _____ Soybeans _____

1. What brand and type of seed did you use? _____

2. What type of planter was used to plant the crop? _____

3. Was the crop planted in rows or broadcasted? _____

4. What was the row width (distance between the rows)? _____

5. Field Map

- a. Draw a map of your field, include field boundaries (buildings, ditches, fence, tile lines, etc.) if known and give approximate measurements.
- b. Mark areas with particular problems (weeds, drainage, poor growth, etc.).

6. Safety Management Record

Tasks:	Yes	No	Date Completed
a. If you are under 16 and plan to operate hazardous agricultural equipment during the coming year, have you enrolled in the 4-H Tractor Program?	_____	_____	_____
b. Have all faded or damaged SMV (Slow Moving Vehicle) emblems been replaced on farm equipment used on public highways as required by law?	_____	_____	_____
c. Are important emergency telephone numbers (fire, doctor, Poison Control Center, emergency medical) updated and posted near each telephone?	_____	_____	_____
d. Have all fire extinguishers on equipment and in buildings been inspected and recharged if necessary?	_____	_____	_____
e. Have all first aid kits been restocked and readied for use in the event of injury?	_____	_____	_____

7. Knowledge and Skills Learned

List three new things you have learned or skills you have gained from this project.

- a. _____

- b. _____

- c. _____

Field Survey

To complete this survey, visit your field two different times and fill in the blanks as outlined below:

	Survey 1 (early season)	Survey 2 (mid-season)
Date	_____	_____
Crop description	_____	_____
Number of leaves per plant (average 10 plants)	_____	_____
Plant height (average 10 plants)	_____	_____

Insects present: Write down the kinds of insects and numbers you find.

Insect name	Number	Number	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Weeds present: Write down the number of weeds you find in 10 feet of row. For broadcast plantings use a 1 by 10 foot area.

Weed name	Number	Number	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Wabash County 4-H Crops Record Sheet

Level 2: Grades 6-8

Name _____ Grade (as of Jan. 1) _____

Club _____

Leader's Signature _____

Please place a check beside the project(s) you are taking:

Corn _____ Alfalfa or mixed hay _____ Wheat _____

Oats _____ Soybeans _____

Crop Records

1. How many acres are in the 4-H project crop field? _____
2. Who farms this field? _____ How did you help? _____

3. What type of tillage was utilized to prepare the field for planting? _____

4. What date was the crop planted? _____
5. What hybrid or variety was planted? _____
6. How many pounds of seed or seeds were planted per acre? _____
7. What do the following initials and numbers represent?
N _____ P₂O₅ _____ K₂O _____
8. Is nitrogen used as an herbicide, insecticide, or fertilizer? _____
9. Is P₂O₅ used as an herbicide, insecticide, or fertilizer? _____
10. What type of fertilizer was applied to this crop?
 - a. Was livestock manure applied to this field? _____
 - b. If yes, what type of manure was utilized? _____
 - c. Other than manure, list the types of fertilizer used. _____

Field Survey

To complete this survey, visit your field two different times and fill in the blanks as outlined below:

	Survey 1 (early season)	Survey 2 (mid-season)
Date	_____	_____
Crop description	_____	_____
Number of leaves per plant (average 10 plants)	_____	_____
Plant height (average 10 plants)	_____	_____

Insects present: Write down the kinds of insects and numbers you find.

Insect name	Number	Number	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Weeds present: Write down the number of weeds you find in 10 feet of row. For broadcast plantings use a 1 by 10 foot area.

Weed name	Number	Number	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health problems: Write down the kinds of problems you see and the number of plants with the problems (spots, stripes, holes, yellowing, falling over, rotting).

Problem	Number	Number	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Record

Expenses

	\$ per acre	x	# of acres	
Field *	_____	x	_____	= \$ _____
Power and machinery *	_____	x	_____	= \$ _____
Fertilizer costs	_____	x	_____	= \$ _____
Seed costs	_____	x	_____	= \$ _____
Chemical costs	_____	x	_____	= \$ _____
Other _____	_____	x	_____	= \$ _____

<u>Sales</u> (You may estimate)	yield	x	price	
	_____	x	_____	= \$ _____

Actual or Projected Income or Loss \$ _____

* You may use your parents' land and machinery. Enter the rental rates in the 'field' and 'power and machinery' blanks.

Wabash County 4-H Crops Record Sheet

Level 3: Grades 9-12

Name _____ Grade (as of Jan. 1) _____

Club _____

Leader's Signature _____

Please place a check beside the project(s) you are taking:

Corn _____ Alfalfa or mixed hay _____ Wheat _____

Oats _____ Soybeans _____

Brand and type of seed used: _____

Your Crop Production Practices

1. Tillage

Date	Type of tillage	Depth	Other notes
_____	_____	_____	_____
_____	_____	_____	_____

2. Planting Record (Record as appropriate)

Date Planted	Hybrid or variety	Germination	Seeds planted	Depth planted	Row width	Final Population
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

3. Chemicals Applied (Herbicides, insecticides, etc.)

Date	Chemical formulation	Rate	Method of application
_____	_____	_____	_____
_____	_____	_____	_____

4. Fertilizer Applied

Pounds of nutrient applied per acre:					Type of fertilizer (NH, 45%, etc.)	Method of application (surface plowdown, etc.)
Date Applied	N	P ₂ O ₅	K ₂ O	(micro., lime, etc.)		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. What crop pests did you notice in your field?

a. weeds: _____

b. insects: _____

c. diseases: _____

d. other (example: mites, nematodes or deer): _____

6. What pesticides were utilized to control pests in this field?

a. Herbicide(s) used to control weeds: _____

b. Insecticide(s) used to control insects: _____

c. Other (example fungicide or miticide): _____

7. Have crop pests significantly lowered crop yield? _____

8. Was the weather favorable for your crop this year? _____

9. Weather information:

a. Soil temperature at planting: _____

b. Were the soil conditions too dry, too wet, or appropriate when the field was tilled _____ and when the crop was planted? _____

- c. Total Monthly Rainfall: April _____ May _____ June _____ July _____
- d. Would you describe air temperature as being too cool, too warm, or appropriate for this crop?

- e. Describe how the weather has impacted the growth and development of this crop.

10. Market Information:

Record the local market price each month for the crop you have chosen. Ask feed and grain dealers or refer to your local newspaper. Indicate unit you are using (e.g., bushels, tons, pounds): _____

Crop _____

March: _____ April: _____ May: _____ June: _____ July: _____

Financial Record

Expenses

	\$ per acre	x	# of acres	= \$
Field *	_____	x	_____	= \$ _____
Power and machinery *	_____	x	_____	= \$ _____
Fertilizer costs	_____	x	_____	= \$ _____
Seed costs	_____	x	_____	= \$ _____
Chemical costs	_____	x	_____	= \$ _____
Other _____	_____	x	_____	= \$ _____

Sales (You may estimate)

yield	x	price	= \$
_____	x	_____	= \$ _____

Actual or Projected Income or Loss

\$ _____

* You may use your parents' land and machinery. Enter the rental rates in the 'field' and 'power and machinery' blanks.