

# Observation Form

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Name:

Address:

City/Town:

Province/Territory:

Postal Code:

Phone:

E-mail:

Age: 5-7, 8-10, 10-12, 12-14, 15-20, 21-30, 31-55, 56 and over

**Flowering Phase:**

First Bloom (First Flower): (month/day/year):

Mid Bloom (Seed Head): (month/day/year):

**Plant Location:**

Location name:

Closest city or town:

Province or territory:

**Habitat type:**

yard, garden or lawn

Schoolyard

Other

**Sun Exposure:**

Sunny and open area

Half in shade

Shaded all day

**Plant is located on:**

Flat area

Gentle slope

Steep slope

**How did you find out about this project?**

PlantWatch website

TVO Kids

Teacher

Ontario Science Centre website

Other

**Would you like to participate in this study again next year?**

Yes, No