



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 _____