

















Plant Journal

LAB

Plant:		Date:		Plant:		Date:	
	<input type="radio"/> FULL SUN <input type="radio"/> BRIGHT INDIRECT <input type="radio"/> DAPPLED <input type="radio"/> SHADE	<i>Window Faces:</i> <input type="radio"/> NORTH <input type="radio"/> SOUTH <input type="radio"/> EAST <input type="radio"/> WEST			<input type="radio"/> FULL SUN <input type="radio"/> BRIGHT INDIRECT <input type="radio"/> DAPPLED <input type="radio"/> SHADE	<i>Window Faces:</i> <input type="radio"/> NORTH <input type="radio"/> SOUTH <input type="radio"/> EAST <input type="radio"/> WEST	
	<i>Watered:</i> <input type="radio"/> YES <input type="radio"/> NO <i>Fertilizer:</i> <input type="radio"/> YES <input type="radio"/> NO	<i>Dryness Since Last Watering:</i> 			<i>Watered:</i> <input type="radio"/> YES <input type="radio"/> NO <i>Fertilizer:</i> <input type="radio"/> YES <input type="radio"/> NO	<i>Dryness Since Last Watering:</i> 	
	<input type="radio"/> NEW GROWTH <input type="radio"/> LEAF LOSS <input type="radio"/> PESTS <i>Type:</i> _____	<input type="radio"/> BROWNING <input type="radio"/> YELLOWING			<input type="radio"/> NEW GROWTH <input type="radio"/> LEAF LOSS <input type="radio"/> PESTS <i>Type:</i> _____	<input type="radio"/> BROWNING <input type="radio"/> YELLOWING	
<i>Notes:</i>				<i>Notes:</i>			
Plant:		Date:		Plant:		Date:	
	<input type="radio"/> FULL SUN <input type="radio"/> BRIGHT INDIRECT <input type="radio"/> DAPPLED <input type="radio"/> SHADE	<i>Window Faces:</i> <input type="radio"/> NORTH <input type="radio"/> SOUTH <input type="radio"/> EAST <input type="radio"/> WEST			<input type="radio"/> FULL SUN <input type="radio"/> BRIGHT INDIRECT <input type="radio"/> DAPPLED <input type="radio"/> SHADE	<i>Window Faces:</i> <input type="radio"/> NORTH <input type="radio"/> SOUTH <input type="radio"/> EAST <input type="radio"/> WEST	
	<i>Watered:</i> <input type="radio"/> YES <input type="radio"/> NO <i>Fertilizer:</i> <input type="radio"/> YES <input type="radio"/> NO	<i>Dryness Since Last Watering:</i> 			<i>Watered:</i> <input type="radio"/> YES <input type="radio"/> NO <i>Fertilizer:</i> <input type="radio"/> YES <input type="radio"/> NO	<i>Dryness Since Last Watering:</i> 	
	<input type="radio"/> NEW GROWTH <input type="radio"/> LEAF LOSS <input type="radio"/> PESTS <i>Type:</i> _____	<input type="radio"/> BROWNING <input type="radio"/> YELLOWING			<input type="radio"/> NEW GROWTH <input type="radio"/> LEAF LOSS <input type="radio"/> PESTS <i>Type:</i> _____	<input type="radio"/> BROWNING <input type="radio"/> YELLOWING	
<i>Notes:</i>				<i>Notes:</i>			