

202__ Garden Data Collection Worksheet



Names of Gardener(s):

Plot Number/Location:

Dates Harvest Began & Ended:

Seed Source & Type:

Did you save any seeds for future use? ____Yes ____No

Were any foods donated to others? ____Yes ____No

If Yes, where was it donated? _____

Vegetables Grown	Date Planted	# of Plants	Date of first harvest	Date of last harvest	Comments – Please describe any circumstances that affected the garden during the growing season.

Overall Gardening Experience: Please include which soil health practice(s) you implemented in your garden.	Positive	Negative
	Why?	Why?

Please write any additional comments on back.

Send to Jessica Uran, NHS College Gardens Manager,

301 College Drive, P.O. Box 490, New Town, ND 58763. Or take a picture and text to 307-679-8687.

Email: juran@nhsc.edu.

Any questions call/text: 307-679-8687

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