

**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,

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