

## CR Nursery Status Checklist

<b>School</b>		<b>Date</b>	
<b>CR Staff on this visit:</b>	<input type="checkbox"/> <b>David</b> <input type="checkbox"/> <b>Ann</b> <input type="checkbox"/> <b>Jacob</b> <input type="checkbox"/> <b>Ed</b> <input type="checkbox"/> <b>Pam</b> _____		
<b>Teacher spoken with today:</b>			

Category	Specific items to check	Status
<b>Teacher</b>	discussed concerns about can yard	<input type="checkbox"/> <b>discussed</b>
	concerns noted at the bottom of this report	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Canyard Appearance</b>	litter/debris in and around can yard	<input type="checkbox"/> Y <input type="checkbox"/> N
	weeds in and around can yard	<input type="checkbox"/> Y <input type="checkbox"/> N
	orderly plant tray arrangement	<input type="checkbox"/> Y <input type="checkbox"/> N
	tools/ supplies strewn about?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Plant Health</b>	appearance: <input type="checkbox"/> good <input type="checkbox"/> withered <input type="checkbox"/> dry <input type="checkbox"/> wilted <input type="checkbox"/> insects	
	soil moisture: <input type="checkbox"/> too wet <input type="checkbox"/> good <input type="checkbox"/> too dry	
	weeds in cells w/ plants	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Plant Size</b>	growing too slowly	<input type="checkbox"/> Y <input type="checkbox"/> N
	outgrowing cells	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Shade cloth</b>	present	<input type="checkbox"/> Y <input type="checkbox"/> N
	if yes, sagging?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Nursery Damage</b>	door	<input type="checkbox"/> Y <input type="checkbox"/> N
	latch and lock	<input type="checkbox"/> Y <input type="checkbox"/> N
	risers	<input type="checkbox"/> Y <input type="checkbox"/> N
	irrigation pipes	<input type="checkbox"/> Y <input type="checkbox"/> N
	timer	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Timer</b>	timer found in ( <input type="checkbox"/> OFF <input type="checkbox"/> OPEN <input type="checkbox"/> AUTO) position ( <i>check one</i> )	
	operating properly	<input type="checkbox"/> Y <input type="checkbox"/> N
	battery status	<input type="checkbox"/> Y <input type="checkbox"/> N
	daily watering number/length sufficient?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Teacher issues</b>	supplies needed (list below)	<input type="checkbox"/> <b>discussed</b>
	help needed (list below)	<input type="checkbox"/> <b>discussed</b>
	student level of interest and participation	<input type="checkbox"/> <b>discussed</b>
	adequate participation/communication from CR staff?	<input type="checkbox"/> Y <input type="checkbox"/> N

<b>Record # of living, growing plants</b>		
Species	number germinated/yellow cells	number in one-gallon pots
<b>Number of empty yellow cells:</b>		

<b>Specific concerns/information:</b>
<b>Specific recommendations made to teacher today:</b>
<b>Picture of nursery/plants emailed to Pam:</b> <input type="checkbox"/> Y <input type="checkbox"/> N