2018 SC 4-H
Small Garden Project
Group Record Book
Cloverbuds
Ages 5-8

Group Name: _____________________________________________________________

Group Contact: ___________________________________________________________

Physical Address of Garden: _______________________________________________________________________________________

City: ______________ State: _______ Zip: _________ 4-H County: ______________

Phone: (____)_________ Email: _________________________________

Number of Participants in Group: _____ Age of Oldest Participants as of Jan. 1, 2018: ____

*By signing below you state that you are familiar with this work and to the best of your knowledge the youth participants completed this book and the information is correct.*

Group Contact Signature: _________________________________________________________________________________________

4-H Agent Signature: __________________________________________________________________________________________

4-H Region: FH MID PD SV

Was Evaluation Received: ____
Acknowledgements

Design and Writers (2012-2013):
  o Allison Coleman, Fairfield County 4-H
  o Steve Hucks, Lancaster County 4-H
  o Alana West, Newberry County 4-H

Revised (February 2014):
  o Steve Hucks, Lancaster County 4-H
  o Alana West, Newberry County 4-H

Revised (February 2016):
  o SC 4-H Agents and Natural Resources Committee
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Revised (January 2017):
  o SC 4-H Agents and Natural Resources Committee

Resources:
  o Clemson University Cooperative Extension Service Home and Garden Information Center
    http://www.clemson.edu/extension/hgic/

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Reminder: 4-H Clover buds are encouraged to make as many project decision and to complete as much of the garden and the record book as they can on their own. Parents/guardians may assist as needed.

*Vocabulary words associated with this project are noted in bold italics. See page 14 for definitions.

**Step 1: Preparing Your Garden**

When did you start your garden? ____________________________________________________________

How big is your garden? (in feet) ______ by ________

How did you pick the location? (consider light, drainage, and space) ________________________________________________________________

- Light: What direction does the sun rise and set on your garden? ________________________________
- Drainage: When it rains, where will the water from your garden go? __________________________
- Space: What did you do so that your plants will have enough room to grow and spread if needed?

______________________________________________________________________________________

How did you prepare your garden?

☐ Weeded  ☐ Tilled  ☐ Added **compost**  ☐ Added **irrigation**  ☐ Put up a fence  ☐ Fertilized  ☐ Created a path  ☐ Other: ________________________________________________________________________________

Why? ____________________________________________________________________________________

Did you take a soil sample?  ☐ Yes  ☐ No  If yes, attach results to record book.

(If you need assistance in reading the results, your Extension Agent can help.)

- If yes, what did you learn from your results? ________________________________________________

______________________________________________________________________________________

- If yes, did you use the suggestions? ☐ Yes  ☐ No

  - If yes, which ones? ____________________________________________________________________

  ____________________________________________________________________________________

  - If no, why not? ________________________________________________________________________

  ____________________________________________________________________________________
Step 2: Planting Your Garden:

When did you plant your garden? ____________________________________________________________

What did you plant in your garden? Why? ______________________________________________________

__________________________________________________________________________________________

How did you pick where each plant was placed in your garden? ______________________________________

__________________________________________________________________________________________

What will you do with your harvest? __________________________________________________________

Step 3: Maintaining Your Garden:

How much rain did your garden get? □ 0-3 inches    □ 3-6 inches    □ 6-9 inches    □ more than 9 inches

Did you need to water your garden? □ Yes    □ No    If yes, how many times? ____________________________

What problems did you notice in your garden?
□ Weeds    □ Pests/Insects    □ Wildlife
□ Mold/fungi    □ Drought    □ Flood
□ Other: ____________________________________________________________

__________________________________________________________________________________________

What did you do to control these problems? (check all that apply)
□ Used herbicides    □ Used pesticides    □ Used fertilizer    □ Nothing
□ Other: __________________________________________________________________________________

If used, attached copies of product labels to your record book.
Step 4: Harvesting Your Garden

What was the first crop you harvested?

When did you harvest the first crop?

How long did it take this crop to grow from germination to harvest?

How did this compare with what the seed packet or information bulletin said? ✧Longer✧ Shorter ✧Same✧

What did you do with your harvest?

Did any of your crops grow better than the others? ✧Yes✧ ✧No✧

Which ones?

Why do you think these plants grew better than the others?

Which of your crops did you taste?

If you tasted anything for the first time, what?

Of the crops that you tasted, which did you like best?

What food group did this crop belong to? ✧Protein✧ ✧Grain✧ ✧Fruit✧ ✧Vegetable✧ ✧Dairy✧ ✧Fats & Oils✧

How many servings do you need from this food group each day?

If you prepared/cooked any of the crops you grew you may attach the recipe to your record book.
**Financial Records:**
List all expenses/costs for the project (project registration fee, water hose, sprinkler, pesticides, fertilizers, soil, shovel, rake, etc.). Include receipts. List all income you had from the project (sale of produce, etc.)

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Total Expenses for 4-H Small Garden Project

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Total Income for 4-H Small Garden Project

**Financial Summary:**
Total Project Income ________ - Total Project Expenses ________ = Project Cost or Profit ________

What were some other benefits you received from your garden that were not related to money? ________

________________________________________________________________________________________

________________________________________________________________________________________
Project Story:
Tell us about your group and why you grew a 4-H garden. Then tell about your garden. What did you learn? What would you do different next time? Did you have fun? Add pages if needed.

Example: “We are the after school group at the local YMCA. There are 20 of us. We planted a garden because we wanted to learn more about plants we could grow and eat. Our garden was behind the YMCA. It had tomatoes, watermelons, peppers, sunflowers, and beans. Some of our plants died because of too much sun. Next time we will pick plants that need lots of sun or we will move the garden to a different spot. We had a great time in the garden. There were new things to see every time we went to visit.”
Pictures:
Include at least 5 garden pictures. Picture suggestions: preparing site, planting, watering, weeding, fertilizing, harvesting, before and after, selling produce, etc. Include short captions and dates. Add pages as needed.
Sketch:
Sketch your garden. Show shape, layout of plants, location of water, surroundings, walkways, etc.
Example:

Your turn:
**Maintenance Calendar:**
Record when you visit, prepare, plant, water, weed, fertilize, harvest, etc. Record when it rains and the amount. Record average temperatures a few times each week. Record what is happening in your garden on each visit. Add pages as needed.

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NOTES
Vocabulary:

Compost- a mixture that consists mostly of decayed organic matter (once living material) and is used for fertilizing and conditioning land

Drought- a period of dryness especially when long-lasting; specifically, one that causes extensive damage to crops or prevents their successful growth

Fertilizer- a substance (such as manure or a chemical mixture) used to make soil more fertile and capable of growing

Germinate- to begin to grow; to sprout

Harvest- the season for gathering in agricultural crops; the act or process of gathering in a crop; the quantity of a natural product gathered in a single season

Herbicide- a substance used to destroy or stop plant growth

Irrigation- the watering of land by artificial means to foster plant growth

Pesticide- a substance used to destroy insects or other harmful organisms
Dear Participant:

You are being given this survey because you are part of a 4-H program or project, and we are surveying young people like you to learn about your experiences.

This survey is voluntary. If you do not want to fill out the survey, you do not need to. However, we hope you will take a few minutes to fill it out because your answers are important.

This survey is private. No one at your school, home, or local 4-H program or project will see your answers. Please answer all of the questions as honestly as you can. If you are uncomfortable answering a question, you may leave it blank.

This is not a test. There are no right or wrong answers, and your answers will not affect your participation or place in the program in any way.

Thanks for your help!

If you do not wish to participate in this survey, please indicate that below and return the blank survey to your local Extension Office when you turn in your project record book.

- I do NOT wish to participate in this survey.

Survey Starts Here

Please answer the following questions about your experience with the Small Garden Project.

This was my ○ 1st ○ 2nd ○ 3rd ○ 4th ○ 5th time participating in this project.

I am a ○ Cloverbud ○ Junior ○ Senior.

I am a ○ Girl ○ Boy.

What was your favorite part about this project?

What was your least favorite part of this project?

Is there anything else you would like to share that would help us improve this project?
After your experience with the Small Garden Project, how strongly do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>The Small Garden Project...</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>Made gardening more interesting to me.</td>
<td>○</td>
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<td>Helped me to learn gardening techniques.</td>
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<td>Allowed me to express my creativity.</td>
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<td>Helped me to understand the importance of wildlife in gardening.</td>
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<td>Increased my knowledge of natural resources.</td>
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<td>Made me a better steward of the environment.</td>
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<td>Made me appreciate the nutritional benefits of gardening.</td>
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<td>Increased the amount of vegetables I eat.</td>
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<td>Made me try a vegetable I’d never eaten before.</td>
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<td>Provided me enough information/resources to successfully complete this project.</td>
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<td>Gave me “hands-on” experience that will help me with future 4-H projects and activities.</td>
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<td>Increased my interest in a natural resources career.</td>
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Thank you for your help!!!

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