Name:____________________________________________________________

Physical Address of Garden:__________________________________________

City: _________________ State: _________ Zip: _________ 4-H County: _________

Phone: (_____)(_______)_________ Email: ____________________________________________

Birthday: ___________________________ Age as of Jan. 1, 2019: ________________

Grade: ☐ Pre-K  ☐ K  ☐ 1st  ☐ 2nd  ☐ 3rd  ☐ 4th

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

Participant Signature: ________________________________________________

Parent Signature: ____________________________________________________

4-H Agent Signature: __________________________________________________

Was Evaluation Received: ___

CLEMSON
COOPERATIVE EXTENSION
Acknowledgements

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

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

Revised (February 2016):
- SC 4-H Agents and Natural Resources Committee
  Dr. Ashley Burns, Julia Cox. Mallory Dailey, Steve Hucks, Jaime Pohlman, Jennifer Scales, Carly Smith, Karissa Ulmer, Alana West, Patricia Whitener, Rick Willey

Revised (January 2017 & 2018):
- SC 4-H Agents and Natural Resources Committee

Resources:
- Clemson University Cooperative Extension Service Home and Garden Information Center
  [http://www.clemson.edu/extension/hgic/](http://www.clemson.edu/extension/hgic/)

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- Planting Your Garden page 4
- Maintaining Your Garden page 4
- Harvesting Your Garden page 5
- Financial Records page 6
- Project Story page 7
- Pictures page 8
- Sketch page 9
- Maintenance Calendar page 10-13
- Vocabulary page 14
- Project Evaluation page 15-16
Reminder: 4-H Clover buds are encouraged to make as many project decisions 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.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Expense</th>
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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 yourself and why you grew a 4-H garden. Then tell us about your garden. What did you learn? What would you do different next time? Did you have fun? Add pages if needed.

Example: “My name is Jen and I like being outside with my family. I planted a garden because I wanted to learn more about plants my family could grow and eat. My garden was in my backyard. It had tomatoes, watermelons, peppers, sunflowers, and beans. Some of my plants died because of too much sun. Next time I will pick plants that need lots of sun or I will move the garden to a different spot. I had a great time in my garden. There were new things to see every time I 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. Included 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

*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* - an agent used to destroy or stop plant growth

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

*Pesticide* - an agent used to destroy
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>
</tr>
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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>
<td>○</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!!!