

MASTER GARDENER HOME VISIT REPORT

Date: _____

Client: _____ Phone: _____

Address: _____

Problem as identified by Client: _____

Observation: _____

Test Procedures (as applicable): Soil Test: _____ Insect Drench: _____

Recommendations: _____

Publications: _____

Demographic Information: *must be filled out*

Gender: (indicate number)

Male _____ Female _____ Total _____

American Indian or Alaska Native _____

Asian _____

Black or African American _____

Hispanic or Latino _____

Native Hawaiian or other Pacific Islander _____

White/Caucasian _____

Other _____

Master Gardener _____