

Nature Journal Observation Sheet

YOUR NAME: _____

TODAY'S DATE: _____

YOUR LOCATION: _____

DESCRIBE THE WEATHER: *SUNNY, RAINING, CLOUDY*

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WHAT DO YOU SEE AROUND YOU? *TREES, PEOPLE, ANIMALS*

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WHAT DO YOU HEAR? *BIRDS CHIRPING, PEOPLE TALKING*

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WHAT DO YOU FEEL? *WIND, GRASS, TREE BARK*

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WHAT DO YOU SMELL? *FLOWERS, RAIN*

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CHOOSE SOMETHING TO STUDY

A PLANT, AN ANIMAL, AN INSECT, A MOUNTAIN, A STREAM

DESCRIBE IT IN AS MUCH DETAIL AS YOU CAN AND THEN SKETCH

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Parks, Recreation and Historic Preservation

