Observer Journal

Date: _____Location: _____

Latitude & Longitude (DD)_____

Location Type: (urban / suburban / country) _____

Location Description: (forest, park, field, parking lot, etc) _____

How many people are nearby? _____

Observation Start Time: _____ Observation Stop Time: _____

Directions: Write about what you hear and see for each category using your sensory vocabulary. Then draw pictures to match.

Insects	Birds
Mammals	Plants

Observer Journal

Things	People

Additional Observations: