



Sensory Garden Adoption Form

Name of Teacher: _____ Grade Level: _____

OR... Name of Club: _____ Club Sponsor: _____

Email Address(es): _____

Adoption Dates: ☐ Fall Semester ☐ Spring Semester ☐ Other: _____

Document below any tasks, observations, or suggestions to help future groups who adopt the learning station. If a task costs money, please include the cost and the sources of the funds. These notes will help groups know when to perform certain tasks each year and when groups can visit the learning station to observe when plants sprout or bloom, when caterpillars and/or chrysalises appear, etc.

Date: _____ Cost (if any): _____ Source of Funds: _____

Tasks: ☐ Pull Weeds ☐ Water Plants ☐ Add Mulch ☐ Replace plants
☐ Replace Signage ☐ Other: _____

Observations &/or Suggestions: _____

Date: _____ Cost (if any): _____ Source of Funds: _____

Tasks: ☐ Pull Weeds ☐ Water Plants ☐ Add Mulch ☐ Replace plants
☐ Replace Signage ☐ Other: _____

Observations, Notes &/or Suggestions: _____

Date: _____ Cost (if any): _____ Source of Funds: _____

Tasks: ☐ Pull Weeds ☐ Water Plants ☐ Add Mulch ☐ Replace plants
☐ Replace Signage ☐ Other: _____

Observations, Notes &/or Suggestions: _____

