Landscape Assessment Form

Date: _________________

Location/Area of Concern: ______________________________________________________________

List: Plant type(s), Cultivar(s)/Varieties __________________________________________________

Plant (height/width)

I. Site History

New: Date of planting(approx.) _______ 0-12 months _____ 1-3 years _____ 4+ years _____

Amendments during planting? Y _____ N _____ What? _________________________________

Any recent disturbance/renovation to planting area? Y _____ N

Near Foundation or structure? Y_____ N _____ Type: _________________________________
Near Walkway? Y _____ N _____

De-icers used? Y _____ N _____ Type: ______________________________

Near Downspout? Y _____ N _____

In lawn area? Y_____ N_____

II. Cultural Management

Full Sun(≥6) _____ Sun/Shade(5-2) _____ Full Shade(≤2) _____ Hours of Direct Sunlight _____

Direction facing N _____ S _____ E _____W _____

Windy Y _____ N ______

Soil:

Date of last soil test _____________

Soil Type/Texture: ______________

Depth of Loam in planting: 0-2 inches _____ 3-4 inches _____ 5+ inches _____

Irrigation:

Y______ N_______

Hand water as needed _____ Scheduled _____ Rate: _______ Frequency ______

Mulch:

Y______ N______

Type: _______________________ Depth _______

Freq. of Application: Yearly _____ 2-3 years ______

Fertilization:

Date of application(s) _____________________ Date of application: _________________

Rate: ___________________________________ Rate: ________________

Analysis: ________________________________ Type: ________________

Compost:

Date of application: _________________

Rate: ____________________________

Type: ____________________________

Compost tested: _________________

Weed Management/Types Evident:

Broadleaf Weeds: ____________________________________________________________

Control Treatment: __________________________________________________________

Grassy Weeds: ______________________________________________________________

Control Treatment: __________________________________________________________

Invasive(s): (list) ____________________________________________________________

Control Methods: __________________________________________________________

Insect:

Problem pest(s):
Scouting frequency: Never _____ Seasonal _____ Monthly _____ Weekly _____ Daily _____
Control Method: Hand pick _____ Bio control _____ Rate/frequency: ______________________

No Control ____________________________ Other ___________________________________

Annual/seasonal pest(s)? Y _____ N _____

Has this pest posed a problem for more than 1 growing season? Y_____ N _____

Diseases:

Plant(s) affected: ____________________________________________________________

Damage location on plant: Entire _____ leaf _____ bud _____ flower/fruit _____ stem/trunk _____ root _____

Symptoms: ___________________________________________________________________

Is this a repeated ongoing concern? Y _____ N _____

Affects more than one plant species in the landscape bed? Y _____ N _____
<table>
<thead>
<tr>
<th>Host Plant</th>
<th>Location of Plant in Landscape</th>
<th>Host Plant Size (Ht.)</th>
<th>Host Plant Stage</th>
<th>Pest</th>
<th>Pest Stage</th>
<th>Damage Site</th>
<th>Damage Level</th>
<th>Action</th>
<th>Treatment/Application Date</th>
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**Landscape Diagram (include building and landscape area into grid)**

**Comments**