

Field Data Sheet

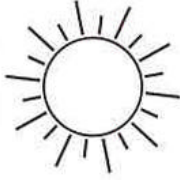
name _____

Date: _____

Time: _____ a.m. p.m.

Weather Conditions:

Temperature: _____



8

7

6

5

4

3

2

1

Animal Signs

(Circle what you see)

Draw or Record What You See

Tracks

Scat

Feathers

Chewed Plants

Eggs

Hole

Nest

Smell

Web