

Monroe County 4-H Youth Development

Kitchen Scrap Gardening

Name of Plant:

- Started in Water
- Started in Soil

Draw/Sketch Your Plant:

Date: _____

Notes/Observations:

Date: _____

Notes/Observations:

Date: _____

Notes/Observations:

Date: _____

Notes/Observations:

Date: _____

Notes/Observations:

Date: _____

Notes/Observations:

