

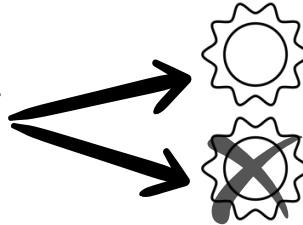
Name: \_\_\_\_\_

Class: \_\_\_\_\_

# MY BABY PLANT

## FIELD NOTES

Is your plant in the sun  
or in a dark place?



It's in the sun.

It's in a dark place.

DAY 1
I can see the seeds. <input type="checkbox"/>
I can see roots. <input type="checkbox"/>
I can see a stem. <input type="checkbox"/>
I can see leaves. <input type="checkbox"/>
I can see flowers. <input type="checkbox"/>
I can see fruit. <input type="checkbox"/>

DAY ____
I can see the seeds. <input type="checkbox"/>
I can see roots. <input type="checkbox"/>
I can see a stem. <input type="checkbox"/>
I can see leaves. <input type="checkbox"/>
I can see flowers. <input type="checkbox"/>
I can see fruit. <input type="checkbox"/>

DAY ____
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I can see roots. <input type="checkbox"/>
I can see a stem. <input type="checkbox"/>
I can see leaves. <input type="checkbox"/>
I can see flowers. <input type="checkbox"/>
I can see fruit. <input type="checkbox"/>

DAY ____
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I can see a stem. <input type="checkbox"/>
I can see leaves. <input type="checkbox"/>
I can see flowers. <input type="checkbox"/>
I can see fruit. <input type="checkbox"/>

DAY \_\_\_\_

I can see the seeds.

I can see roots.

I can see a stem.

I can see leaves.

I can see flowers.

I can see fruit.

DAY \_\_\_\_

I can see the seeds.

I can see roots.

I can see a stem.

I can see leaves.

I can see flowers.

I can see fruit.

DAY \_\_\_\_

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I can see roots.

I can see a stem.

I can see leaves.

I can see flowers.

I can see fruit.

DAY \_\_\_\_

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I can see leaves.

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I can see fruit.

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I can see fruit.