WSU Extension Island County Master Gardener Program
The information you provide is <u>essential</u> for our required reports to Island County and to WSU.

Master Gardener Clinic Report Form

Make sure you fill out both sides of this form.

A single client may be counted in more than one topic category if they have multiple questions. If a discussion answering one question overlaps topics, you can choose all topics that were covered. In an attempt to show Master Gardeners are helping to protect water quality, evaluation of pesticide use will take place later in the gardening season. Please ask for the client's email address if pesticides are discussed.

Clinic location:		Date:
List Names of all MGs Assigned to the Shift	Time in/Out Write "No Show" if applicable	Total hours worked Zero hours for no-show

Instructions:

Although we as Master Gardeners and WSU Extension Faculty and Staff know all the good the Master Gardener Program does, those who provide much of our funding support are required by law to justify the use of the public money that supports the MG Program. The Demographic Information is required for our WSU Civil Rights audit and the other questions (Questions 1-15) are required for our annual report to WSU. Thank you for helping us with these required reporting requirements.

*Please write down questions on the back that are related to pesticides, in any way, below and the client's email address. We will follow up with them with a brief survey in a few months after their visit to the event.

Discussion/Question Items Discussion/Question Items (count all	Totals	Discussion/Question Items (count all topics that apply)	Totals
that apply, even if the same client asks multiple question or one question covers multiple topics)			
1. Fruit Trees		11. Trees, Landscape	
2. Fruits (excluding tree fruits)		12. Vegetable Gardening	
3. Landscape Plants and Issues		13. Water Conservation	
4. IPM (Integrated Pest Management) to include Pest/Insect ID if not		14. Water Quality Protection (Rain Gardens is a separate category	
recorded elsewhere.		above)	
5. Lawn & Turf		15. Weed Management	
6. Native Plants		16. School and youth food gardens	
7. Pesticide Use and Safety		Other comments:	
8. Pollinators		1	
9. Rain Gardens			
10. Soil Management to include composting		7	

Required	Demograph	ic Information		Ethnicity (you are per	mitted to use you	ır best juc	dgment):		
-	-	gather demographic in	formation				#	# Asian/ Pacific	Isl. # Native American
about <u>each</u>	client we serve	e (see MG Handbook).		# White	# Black		Hispanic		
Gender:									
# Male	# Female	Total # Customers							
			←Totals→						
Question			Answe	r		Resourc	ce	Any mention of a	Email Address (If pesticide use

Question	Answer	Por	source	Any mention of a	Email Address (If pesticide use
Question	Answer	Res	source /	Pesticide? Yes/No	or non-use was mentioned)
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Question	Answer	Resource	Any mention of a Pesticide? Yes/No	Email Address (If pesticide use
			Pesticide? Yes/No	or non-use was mentioned)

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