MY PLANT JOURNAL

PLANT NAME:______ TODAY'S DATE:____

How does your plant look today? What is it's color? Touch it - how does it feel, has it grown?

Is your plant thirsty?
Put your finger in the soil to give it a check. Does it need water?

Is your plant getting enough light?
How much light does it need?

Is your plant hungry?
When was the last time you gave it food?

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