

# Landscape Assessment Form Checklist

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

School Name/Town: \_\_\_\_\_

Site Location: \_\_\_\_\_

Please use a different form for each key identifiable landscape area within the school property (building surrounds).

Use the Map on Page 3 to draw an outline of the planting bed (with plant names, if possible).

## General Site Information:

<b>Plant Species Present (List names of plants, if known)</b>	Trees: Shrubs: Perennials/Grasses/Annuals:
<b>Date of Planting(s):</b>	
<b>Amendments at Time of Planting:</b>	<input type="radio"/> Fertilizer <input type="radio"/> Compost <input type="radio"/> Lime <input type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Not sure
<b>Exposure</b>	<input type="radio"/> Full Sun (6+ hrs. direct sunlight) <input type="radio"/> Part Shade (3-6 hrs. sunlight) <input type="radio"/> Full Shade (<3 hrs sunlight)
<b>Soil Moisture</b>	<input type="radio"/> Wet <input type="radio"/> Moderately Moist <input type="radio"/> Normal <input type="radio"/> Moderately Dry <input type="radio"/> Dry
<b>Direction Facing</b>	<input type="radio"/> East <input type="radio"/> West <input type="radio"/> North <input type="radio"/> South <input type="radio"/> All
<b>Soil</b>	Texture: <input type="radio"/> Clay <input type="radio"/> Silt <input type="radio"/> Sand <input type="radio"/> Loam (relatively even mixture of sand, silt, and clay) Depth of Loam: <input type="radio"/> 0" <input type="radio"/> 1-2" <input type="radio"/> 3-4" <input type="radio"/> > 4" Condition: <input type="radio"/> Good/Healthy <input type="radio"/> Fair <input type="radio"/> Poor

## Quality Checklist: (Circle Answers, then put the corresponding point value in the column on the right)

<b>Cultural Management</b>	<b>Irrigation:</b>	3 using water sensors/timers	2 as needed	1 at planting only	0 never	<b>Total Cultural Management:</b>  _____
	<b>Mulch Applications:</b>	3 1x/year	2 < 1x/year	1 varies from school to school	0 never	
	<b>Fertilizer/Compost Applications:</b>	3 1x/year or more	2 every 2-5 years	1 less than every 5 years	0 never	
	<b>% of Bare Soil not Covered by Mulch or Plants:</b>	3 0%	2 1-25%	1 26-50%	0 >51%	
	<b>% of Plants that Require Annual Pruning:</b>	3 0%	2 1-25%	1 26-50%	0 >51%	
	<b>Soil Test:</b>	3 every 1-2 years	2 every 3-5 years	1 less than every 5 years	0 never	
<b>Plant Selection</b>	<b>Native Plants Present:</b>	3 most	2 some	1 few	0 none	<b>Total Plant Selection:</b>  _____
	<b>Invasives Used as Ornamentals:</b> (ex. Japanese barberry, burning bush, privet, miscanthus)	3 none	2 have some, but have plans to replace	1 have a few	0 have invasives; no plans to replace	
	<b>% of Plants that are Drought Tolerant:</b> (or adapted to the existing soil conditions, if not dry)	3 76-100%	2 51-75%	1 26-50%	0 0-25%	
	<b>% of Plants that are too Large for their Location:</b> (i.e., block windows, walkways)	3 0%	2 1-25%	1 26-50%	0 >51%	
	<b>Aesthetic Attractiveness Rating:</b>	3 very attractive	2 moderately attractive	1 somewhat attractive	0 not attractive	
<b>Plant Health and Pests</b>	<b>General Health of Plants:</b>	3 very healthy	2 mostly healthy	1 moderately healthy	0 not healthy	<b>Total Plant Health and Pests:</b>  _____
	<b>Pest Scouting Frequency:</b>	3 weekly	2 bi-weekly	1 monthly	0 never	
	<b>% of Plants that have Insect Pest or Disease Problems Every Year:</b>	3 0%	2 1-25%	1 26-50%	0 >51%	
	<b>% of Landscape Bed with Weeds:</b>	3 0-25%	2 26-50%	1 51-75%	0 76-100%	
<b>CULTURAL MANAGEMENT + PLANT SELECTION + PLANT HEALTH/PESTS = TOTAL SCORE: _____</b>						
<b>SCORING KEY:   45-35 = Excellent                      34-25 = Good                      24-15 = Fair                      14-0 = Poor</b>						

# Pest Management Strategies: *(Check all that Apply)*

<b>Broadleaf Weeds:</b>	<input type="checkbox"/> barberry (Japanese)* <input type="checkbox"/> horsetail <input type="checkbox"/> bedstraw <input type="checkbox"/> horseweed <input type="checkbox"/> bindweed <input type="checkbox"/> knotweed (Japanese)* <input type="checkbox"/> bittersweet (Oriental)* <input type="checkbox"/> knotweed (prostrate) <input type="checkbox"/> black medic <input type="checkbox"/> milkweed <input type="checkbox"/> burning bush* <input type="checkbox"/> mugwort* <input type="checkbox"/> chickweed <input type="checkbox"/> nightshade (bittersweet)* <input type="checkbox"/> clover <input type="checkbox"/> oxalis (wood sorrel) <input type="checkbox"/> dandelion <input type="checkbox"/> plantain <input type="checkbox"/> ground ivy* <input type="checkbox"/> poison ivy	<input type="checkbox"/> pokeweed <input type="checkbox"/> rose (multiflora)* <input type="checkbox"/> smartweed <input type="checkbox"/> sorrel, red <input type="checkbox"/> spurge, spotted <input type="checkbox"/> thistle, Canada* <input type="checkbox"/> trefoil (birdsfoot) <input type="checkbox"/> velvetleaf <input type="checkbox"/> vetch <input type="checkbox"/> violet <input type="checkbox"/> Other: _____	<b>Treatment/Date of Action:</b> (e.g. mechanical removal, use of 25B product)		
<b>Grassy Weeds:</b>	<input type="checkbox"/> crabgrass <input type="checkbox"/> orchardgrass <input type="checkbox"/> foxtail <input type="checkbox"/> annual bluegrass <input type="checkbox"/> goosegrass <input type="checkbox"/> quackgrass <input type="checkbox"/> stiltgrass (Japanese)* <input type="checkbox"/> nutsedge (yellow)	<input type="checkbox"/> Other: _____ * Invasive	<b>Treatment/Date of Action:</b>		
<b>Insects:</b>	<b>Pest Name/Description:</b>	<b>Plant Species Affected:</b>	<b>Symptoms:</b>	<b>% of Plant Impacted:</b>	<b>Treatment/Comments:</b>
<b>Diseases:</b>	<b>Pest Name/Description:</b>	<b>Plant Species Affected:</b>	<b>Symptoms:</b>	<b>% of Plant Impacted:</b>	<b>Treatment/Comments:</b>
<b>Other Biotic (Pest) Problems/Concerns:</b>	<input type="checkbox"/> Moles, Voles or other small mammal issue <input type="checkbox"/> Ticks in the School Landscape <input type="checkbox"/> Slug Feeding/Damage	<input type="checkbox"/> Nesting Yellow Jackets or Hornets <input type="checkbox"/> Deer Browse/Feeding Damage <input type="checkbox"/> Other: _____	<b>Treatment/Comments:</b>		
<b>Abiotic Problems/Concerns:</b> <small>(i.e., Not Related to a Living Organism/ Pest)</small>	<input type="checkbox"/> Salt Damage <input type="checkbox"/> Windows Blocked by Plants <input type="checkbox"/> Improper Pruning <input type="checkbox"/> Mulch Volcanoes <input type="checkbox"/> Raw Wood Chips used as Mulch <input type="checkbox"/> Lack of Drainage/Drain Overflow <input type="checkbox"/> Lack of Access to Irrigation <input type="checkbox"/> Excessive Moisture <input type="checkbox"/> Poor Plant Health Due to Incorrect Planting Location (e.g., sun-loving plant in too much shade)	<input type="checkbox"/> Overplanted Landscape <input type="checkbox"/> Challenge Maintaining Fencelines/School Boundaries <input type="checkbox"/> Compaction/Students Walk through Landscape Beds <input type="checkbox"/> Too few Staff/Personnel <input type="checkbox"/> Staff Unable to Work in School at Certain Hours <input type="checkbox"/> Soil Health/pH <input type="checkbox"/> Sunscorch on Foliage (e.g., on Hosta) <input type="checkbox"/> Other: _____	<b>Treatment/Comments:</b>		
<b>Recommendations to Discuss with Administration to Solve any of the Above Challenges:</b>	<input type="checkbox"/> Replace plants that have insect/disease/drought problems each year <input type="checkbox"/> Reduce the number of ornamental plants and size of landscape beds to focus on entrances and high visibility areas <input type="checkbox"/> Engage parent groups/garden clubs/teacher and student groups in landscape care to reduce the burden on limited staff <input type="checkbox"/> Other: _____				

