

Landscape Assessment Form Checklist

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).

Date: _____

Evaluator: _____

School Name/Town: _____

Site Location: _____

General Site Information:

Plant Species Present (List names of plants, if known)	Trees:
	Shrubs:
	Perennials/Grasses/Annuals:
Date of Planting(s):	
Amendments at Time of Planting:	<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
Exposure	<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)
Soil Moisture	<input type="radio"/> Wet <input type="radio"/> Moderately Moist <input type="radio"/> Normal <input type="radio"/> Moderately Dry <input type="radio"/> Dry
Direction Facing	<input type="radio"/> East <input type="radio"/> West <input type="radio"/> North <input type="radio"/> South <input type="radio"/> All
Soil	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)

Cultural Management	Irrigation:	3 using water sensors/timers	2 as needed	1 at planting only	0 never	Total Cultural Management: _____
	Mulch Applications:	3 1x/year	2 < 1x/year	1 varies from school to school	0 never	
	Fertilizer/Compost Applications:	3 1x/year or more	2 every 2-5 years	1 less than every 5 years	0 never	
	% of Bare Soil not Covered by Mulch or Plants:	3 0%	2 1-25%	1 26-50%	0 >51%	
	% of Plants that Require Annual Pruning:	3 0%	2 1-25%	1 26-50%	0 >51%	
	Soil Test:	3 every 1-2 years	2 every 3-5 years	1 less than every 5 years	0 never	
Plant Selection	Native Plants Present:	3 most	2 some	1 few	0 none	Total Plant Selection: _____
	Invasives Used as Ornamentals: (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	
	% of Plants that are Drought Tolerant: (or adapted to the existing soil conditions, if not dry)	3 76-100%	2 51-75%	1 26-50%	0 0-25%	
	% of Plants that are too Large for their Location: (i.e., block windows, walkways)	3 0%	2 1-25%	1 26-50%	0 >51%	
	Aesthetic Attractiveness Rating:	3 very attractive	2 moderately attractive	1 somewhat attractive	0 not attractive	
Plant Health and Pests	General Health of Plants:	3 very healthy	2 mostly healthy	1 moderately healthy	0 not healthy	Total Plant Health and Pests: _____
	Pest Scouting Frequency:	3 weekly	2 bi-weekly	1 monthly	0 never	
	% of Plants that have Insect Pest or Disease Problems Every Year:	3 0%	2 1-25%	1 26-50%	0 >51%	
	% of Landscape Bed with Weeds:	3 0-25%	2 26-50%	1 51-75%	0 76-100%	
CULTURAL MANAGEMENT + PLANT SELECTION + PLANT HEALTH/PESTS = TOTAL SCORE: _____						
SCORING KEY: 45-35 = Excellent 34-25 = Good 24-15 = Fair 14-0 = Poor						

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

Broadleaf Weeds:	<input type="checkbox"/> barberry (Japanese)* <input type="checkbox"/> bedstraw <input type="checkbox"/> bindweed <input type="checkbox"/> bittersweet (Oriental)* <input type="checkbox"/> black medic <input type="checkbox"/> burning bush* <input type="checkbox"/> chickweed <input type="checkbox"/> clover <input type="checkbox"/> dandelion <input type="checkbox"/> ground ivy*	<input type="checkbox"/> horsetail <input type="checkbox"/> horseweed <input type="checkbox"/> knotweed (Japanese)* <input type="checkbox"/> knotweed (prostrate) <input type="checkbox"/> milkweed <input type="checkbox"/> mugwort* <input type="checkbox"/> nightshade (bittersweet)* <input type="checkbox"/> oxalis (wood sorrel) <input type="checkbox"/> plantain <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: _____	Treatment/ Date of Action: (e.g. mechanical removal, use of 25B product)	
	<input type="checkbox"/> crabgrass <input type="checkbox"/> foxtail <input type="checkbox"/> goosegrass <input type="checkbox"/> stiltgrass (Japanese)*				
Grassy Weeds:	<input type="checkbox"/> crabgrass <input type="checkbox"/> foxtail <input type="checkbox"/> goosegrass <input type="checkbox"/> stiltgrass (Japanese)*	<input type="checkbox"/> orchardgrass <input type="checkbox"/> annual bluegrass <input type="checkbox"/> quackgrass <input type="checkbox"/> nutsedge (yellow)	<input type="checkbox"/> Other: _____	Treatment/ Date of Action: * Invasive	
Insects:	Pest Name/Description:	Plant Species Affected:	Symptoms:	% of Plant Impacted:	Treatment/ Comments:
Diseases:	Pest Name/Description:	Plant Species Affected:	Symptoms:	% of Plant Impacted:	Treatment/ Comments:
Other Biotic (Pest) Problems/Concerns:	<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: _____	Treatment/ Comments:
Abiotic Problems/Concerns: (i.e., Not Related to a Living Organism/ Pest)	<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: _____	Treatment/ Comments:
Recommendations to Discuss with Administration to Solve any of the Above Challenges:	<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: _____				

School Name/Town:_____ **Site Location:** _____

[illegible]

Comments:



For more information, contact:
Vickie Wallace
UConn Extension
Extension Educator
Sustainable Turf and Landscape
Phone: (860) 885-2826
Email: victoria.wallace@uconn.edu

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