



Alabama Outdoor Classroom BioBlitz Observation Sheet

Student Name: _____ Group Name/#: _____

Location on Campus: _____ Date: _____

Photo of the specimen? Yes No Device used to take Photo: _____

Drawing or leaf rubbing of specimen? Yes No Collect a specimen? Yes No

Description

Type of Observation: Animal Plant Fungus Other: _____

<u>ANIMAL</u> <i>(put a check next to the characteristics that it has)</i>	<u>PLANT</u> <i>(put a check next to the characteristics that it has)</i>	<u>FUNGUS</u> <i>(put a check next to its characteristics)</i>
<input type="checkbox"/> Vertebrate <input type="checkbox"/> Invertebrate <input type="checkbox"/> No legs <input type="checkbox"/> 2 legs <input type="checkbox"/> 4 legs <input type="checkbox"/> 6 legs <input type="checkbox"/> 8 legs <input type="checkbox"/> 10+ legs <input type="checkbox"/> Wings <input type="checkbox"/> Tail <input type="checkbox"/> Feathers <input type="checkbox"/> Fur <input type="checkbox"/> Scales <input type="checkbox"/> Shell <input type="checkbox"/> Amphibian <input type="checkbox"/> Bird <input type="checkbox"/> Reptile <input type="checkbox"/> Fish <input type="checkbox"/> Mammal <input type="checkbox"/> Insect <input type="checkbox"/> Centipede <input type="checkbox"/> Millipede <input type="checkbox"/> Spider <input type="checkbox"/> Snail <input type="checkbox"/> Slug <input type="checkbox"/> Worm <input type="checkbox"/> Found in Water <input type="checkbox"/> Found on Land	<input type="checkbox"/> Vascular <input type="checkbox"/> Non-vascular <input type="checkbox"/> Has flower <input type="checkbox"/> No flower <input type="checkbox"/> Has seed(s) <input type="checkbox"/> No seed(s) <input type="checkbox"/> <1 inch tall <input type="checkbox"/> 1-12 inches tall <input type="checkbox"/> 1-3 feet tall <input type="checkbox"/> 3-6 feet tall <input type="checkbox"/> 6-15 feet tall <input type="checkbox"/> 15+ feet tall <input type="checkbox"/> Has leaves <input type="checkbox"/> No leaves <input type="checkbox"/> Leaf shape: _____ <input type="checkbox"/> Leaf size: _____ <input type="checkbox"/> Moss <input type="checkbox"/> Grass <input type="checkbox"/> Fern <input type="checkbox"/> Forb/Herb <input type="checkbox"/> Shrub <input type="checkbox"/> Tree <input type="checkbox"/> Found in Water <input type="checkbox"/> Found on Land	<input type="checkbox"/> Mushroom <input type="checkbox"/> Lichen <input type="checkbox"/> Height: _____

Additional Details

Color: _____ Size: _____

Other Observations: _____

Species Common Name: _____

Species Scientific Name: _____

Entered into iNaturalist? Yes No Date Entered: _____