Location (Address / Street)		Area:
Name of facilitator/teacher:		Ward no:
School Name:		Map no:
Date:		Time:

Tree Code / No	Species / Common Name	Height (m)	Girth (m)	Canopy Width (m)	Confident? Yes / Maybe / No	Landmark , if any	Bloom? Yes/No	Fruiting? Yes/No	Powerlines overhead?	Breathing space: Yes/No	Posters stuck: Yes/No	Remarks

* These can include general observations on the tree, any form of disturbance to the tree, find nests on the tree, etc.

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