Site Assessment

USDA plant hardiness zone ______

Garden Placement

Main Viewing Areas

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Positive View Features

Background ______________________________________________
Peripheral ______________________________________________

Negative View Features

Background ______________________________________________
Peripheral ______________________________________________

Garden Type ☐ Border ☐ Island

Lay of Land ☐ Incline ☐ Low lying area ☐ Elevated area ☐ Flat

Sunlight

Garden Direction ☐ North ☐ East ☐ South ☐ West

Sun Type
☐ Full Sun (6+ hours of direct sunlight per day)
☐ Partial Sun/partial shade (4-6 hours of direct sunlight per day)
☐ Shade (2—4 hours of sunlight, may be filtered)
☐ Dense Shade (less than 2 hours of any type of sun)

Hours of the day garden receives sun ______________________
Soil

Texture: ☐ Sandy ☐ Clay ☐ Silt ☐ Loam
Density: ☐ Loose ☐ Firm ☐ Compacted
Earthworms and soil insects present? ☐ Yes ☐ No
Drainage: ☐ Drains after a rain ☐ Standing water after a rain

Water: Nearest source ________________________________

Exposure

☐ Summer Winds
☐ Winter Wind
☐ Reflected Heat
☐ Low area susceptible to frost

Existing Plant Material

Overall plant health: ☐ Good ☐ Poor

Existing Plants that should be kept

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________