



# Pollinator Follow-up Form

Site #

Visit #

Use this form: (a) if you don't have enough room on the Pollinator Site Form for your plants or insects; or (b) for a follow-up visit to the site.

Date     
    d d      m m      y y y y

Start time   am  pm

Time spent observing  minutes

Name  Location Name

**Weather** (check one from each section)

<b>Sky</b>	<input type="checkbox"/> sunny	<input type="checkbox"/> cloudy	<input type="checkbox"/> overcast	<b>Shade (i.e. trees, building)</b>	<input type="checkbox"/> not shaded	<input type="checkbox"/> shaded
<b>Wind</b>	<input type="checkbox"/> windy, steady	<input type="checkbox"/> windy in gusts	<input type="checkbox"/> light breeze, steady	<input type="checkbox"/> light breeze in gusts	<input type="checkbox"/> calm	
<b>Temperature</b>	<input type="checkbox"/> cold	<input type="checkbox"/> cool	<input type="checkbox"/> seasonal	<input type="checkbox"/> warm	<input type="checkbox"/> hot	

**Flowers visited by Insects** (list each kind of flower where insects were visiting and refer to these numbers in the table below)

1.	4.	7.	10.	13.
2.	5.	8.	11.	14.
3.	6.	9.	12.	15.

**Floral-visiting Insects** (name each kind of insect that you see and the flowers they visit; if you can't specifically identify an insect, fill out the Pollinator Description Form and identify here which Form and Column # you used)

Insect Name and Size	Type	Number Observed	Last Seen	Flowers Visited	Form #	Column #
Size (mm):	<input type="checkbox"/> Bee <input type="checkbox"/> Wasp <input type="checkbox"/> Fly <input type="checkbox"/> Beetle <input type="checkbox"/> Butterfly <input type="checkbox"/> Other <input type="checkbox"/> Moth <input type="checkbox"/> Don't know		<input type="checkbox"/> Never <input type="checkbox"/> Not this summer <input type="checkbox"/> This summer <input type="checkbox"/> Past month			
Size (mm):	<input type="checkbox"/> Bee <input type="checkbox"/> Wasp <input type="checkbox"/> Fly <input type="checkbox"/> Beetle <input type="checkbox"/> Butterfly <input type="checkbox"/> Other <input type="checkbox"/> Moth <input type="checkbox"/> Don't know		<input type="checkbox"/> Never <input type="checkbox"/> Not this summer <input type="checkbox"/> This summer <input type="checkbox"/> Past month			
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