FAMILY NEEDS CHECKLIST

DATE___________

FAMILY MEMBERS (include outdoor pets):

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Activities in the garden</th>
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SUMMARY OF EXISTING PROBLEMS (visual and functional):

POSITIVE ELEMENTS:

DESIRED CHARACTER OF SITE (formal/informal):

FAVORITE PLANTS:

DESIRED PLANTING EFFECTS:

Texture: Specimen plants:
Color: Shrub beds:
Fragrance: Flowers for cutting:
SEASONAL INTEREST
Spring:
Summer:
Fall:
Winter:

DESIRED MATERIALS, PATHS, WALLS, BORDERS:
Brick  Concrete
Gravel  Cobbles
Decomposed granite  Granite
Stone  Wood
Metal  Other?

ADDITIONAL ELEMENTS:
Irrigation  Garden furniture
Night lighting  Ornaments
Security lighting  Trellis/arbor
Water feature  Deck
Patio  Other structures

FAMILY REQUIREMENTS:
Parking area
Sitting area
Play area
Pet area
Nature walk
Specialized gardens (fruit, herb, vegetable)
Utility areas (tools, firewood, trash)
Compost
Other?

BUDGET
Initial cost:

Maintenance: