

Observation Journal

Bird's Eye View Map

What did you experience? (hear, see, touch, taste, smell, and experience)

Date: _____ Time: _____

Location: _____

Directions: _____

Substrate: _____

Temp: _____ Humidity: _____

Wind Direction: _____ Speed: _____

Rain: _____ Clouds: _____

Sunrise: _____ Sunset: _____

Lunar Phase: _____

