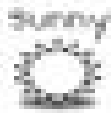


Day ____ Observation



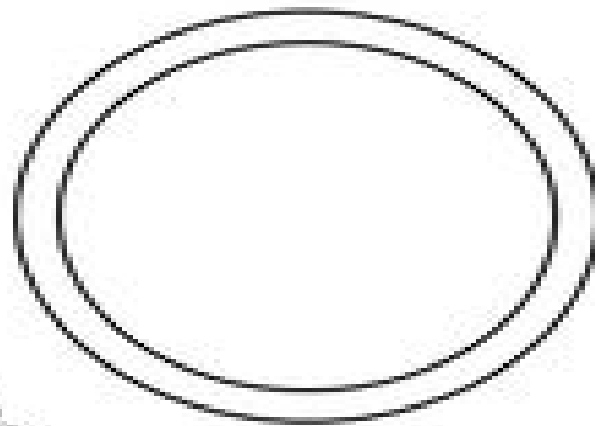
partly sunny



cloudy



I watered my plant today. 
Yes No



Picture of my Plant

Date: _____

I can see growth with my plant. Yes No

I see
