



SouthEast Wisconsin Master Gardeners  
**Garden Support Committee**  
**GARDEN PROJECT REVIEW**

Garden Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Garden Project Co-Chairs: \_\_\_\_\_

Garden Representative (MGV): \_\_\_\_\_

Number of helpers: MGV's: \_\_\_\_\_ Others: \_\_\_\_\_

CRITERIA (use second page if more space is needed):

- Visibility of the SEWMG sign: \_\_\_\_\_
- At least 50% of plants labeled or have educational signage:                      Yes                      No
- Educational focus evident:
  - Literature: \_\_\_\_\_
  - Group visits: \_\_\_\_\_
  - Other benefits for the general public: \_\_\_\_\_

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**REVIEW COMMITTEE:**

Garden design; details of the garden project, comments, and suggestions:

Assistance needed with signage/ literature review:                      Yes                      No                      If yes, describe below:

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**GARDEN CO-CHAIR:**

Ideas, notes, concerns, and/or recommendations for the future:

Members of the Garden Support Committee Present:

\_\_\_\_\_

**If additional space is needed, enter comments here.**

Garden Project Name: \_\_\_\_\_ Date: \_\_\_\_\_