

Soil Observation Record

Group Names: _____

Date: _____

Soil Location:	Soil Sketch:
Describe what the soil looks like: (Color, size, other)	
What does it feel like? (Smooth, silky, gritty, sticky, etc.)	
Give your soil a sniff. What does it smell like?	
What other observations can you make about your soil?	
What questions do you have about your soil?	

