

Consultation Forms for Walk-In Clientele and Landscape Site Visits ¹

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Introduction

These forms are intended for horticulture Extension agents and staff who conduct walk-in consultations and/or on-site consultations related to plant identification, problem diagnosis, and cultural advice. Since the nature of client visits vary, two forms for tracking information are provided below: one for walk-in consultations and the other for on-site visits. Since local programs vary from county to county, the forms include fields that an Extension agent may want to include, remove, or modify. Extension agents can customize these forms to meet their programmatic needs:

- Site Visit Form [<http://ufdc.ufl.edu/IR00009167/00001>]
- Diagnostic Consultation Form [<http://ufdc.ufl.edu/IR00009168/00001>]

Evaluating Landscape Site Visits and Diagnostic Services

Individual contact teaching for Extension Horticulture includes landscape site visits, office consultations, and diagnostic services (Seevers & Graham, 2012). These personalized meetings are important educational methods and a major component of an Extension urban horticulture program. (For more about individual contact teachings, visit <http://edis.ifas.ufl.edu/wc157>). The individualized

nature of each visit makes evaluation difficult, and many of these events are therefore not evaluated or reported. However, these events have the potential to deliver substantial benefits in the form of behavior change and, ultimately, improvements in social, economic, and environmental conditions (Warner, 2015). Therefore, documenting outcomes of site visits and other individual teaching events is important. The walk-in and site visit consultation forms in this document are intended to be used as tools to help Extension agents and staff track requests for these services and document their efforts and recommendations.

Suggested Use of Forms

The first section of the forms is intended for information gathered prior to a consultation or site visit. The second section is used for documenting the diagnosis and recommendations given during the visit. Completed forms can be filed for future reference, scanned and sent to the client, and/or scanned and attached to an electronic calendar to trigger a future follow-up consultation/evaluation.

It is suggested that Extension staff use these forms to

- obtain pertinent written information from clients before interacting with them;
- ensure efficient use of resources (e.g., time and efforts);

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- properly document outcomes and impacts of consultations; and
- ensure that the information will be available for future reference.

Suggestions for Completing the Walk-In Consultation Forms

Walk-In Consultation Information Form—To Be Completed by Submitter

(1) Submitter Information: the person completing the form completes this section.

(2) Client Information: (if other than submitter).

(3) Type of Site: Residential (home landscape or garden); Commercial (e.g., condo/apartment complex; business; greenspace, etc.); Interiorscape (commercial indoor plantings)

(4) Service Requested: Plant ID; Pest/Problem ID; Other Recommendations. If client is requesting pest/problem identification or other recommendation, they should complete sections 5–17.

(5–17) Client should provide as much information as possible about the plant(s), their appearance, and recent activities around the planting site.

Walk-In Consultation Diagnosis Form—To Be Completed by Agent/Staff/Master Gardener

(1) Date of consultation.

(2) Contact time in hours or increments.

(3) Findings/ Observations/ Interactions with Client: include notes regarding further fact-finding discussion with client; visual, microscopic and/or diagnostic findings; and/or sources of information consulted that aided diagnosis.

(4) Discussion Points Based on Interaction with Client: document discussion of topics related to the consultation, such as Florida-Friendly Landscaping™ practices (proper cultural practices, integrated pest management, or any of the 9 Principles of FFL), Best Management Practices, importance of invasive species management, collecting a good sample for diagnosis or identification, and/or educational programs that may be of value to the client.

(5) Recommendations: include the specific recommendations or identification. Include recommended corrective actions (e.g., change in cultural practices, plant replacement, pesticide and/or fertilizer recommendations, irrigation audit, sample submissions to diagnostic labs, referral to a specialist or other agency, etc.).

(6) Photos provided or taken? If yes, indicate the digital file ID.

(7) Referred: record if sample or problem was referred to a specialist or other department.

(8) Referral Results: document the results of the referral.

(9) Results Delivered to Client: document the method of delivery.

(10) Additional Information: document what additional supportive information was provided to the submitter and to the client (if different)—e.g., EDIS publications, fact sheets, etc.

(11) Follow-up Date: provide the date you scheduled to meet with your client in the future to follow-up about their satisfaction, KASA, or SEE conditions (if applicable).

Suggestions for Completing the Site-Visit Request Forms

Site-Visit Request Information Form—To Be Completed by Client Requesting Visit

(1) Primary Problem/Concern: describe the reason for the site visit.

(2) Site Visit Address.

(3) Submitter Information: information about the person making the request.

(4) Client Information: information about the client (if different than the submitter).

(5) Type of Information Requested.

(6) Brief Description of Problem: provide as much detail as possible about the landscape problem, such as the appearance of plant(s), where damage was first noticed, symptoms, the part of the plant affected, the extent of the problem, speed of progression, and the size of the planting area, and/or design, installation, irrigation, or maintenance issues).

(7) Other Information: extenuating circumstances which may have contributed to the problem.

Site Visit Diagnosis Form—To Be Completed by Agent

(1) Date of Visit.

(2) Discussion Points Based on Interaction with Client: document discussion of topics related to the site visit, such as how long the problem has existed, when the problem was first noticed, when the landscape/planting was installed, fertilizers/pesticides applied, irrigation or drainage issues, environmental conditions unique to the site, planting practices, and conflict between client and service provider regarding maintenance practices.

(3) Findings/ Observations/ Interactions with Client at Site-Visit. Document your findings at the site and any comments the client may have relative to your findings.

(4) Agent Recommendations. Include specific recommendations regarding the problem.

(5) Photos taken: indicate whether photos were taken on the site-visit. If yes, indicate the digital file ID.

(6) Further diagnostics performed, referred, or recommended? Indicate whether additional fact-finding was pursued or recommended (i.e., diagnostic tests, referrals, etc.) and specify what or who.

(7) Reports attached? Document the results of the diagnostic test(s) or referral(s). Attach reports to the diagnostic form.

(8) Document how results were delivered to the submitter and client (if different).

(9) Additional Information Provided: document any additional or supporting information forwarded with the report, such as links to EDIS publications, fact sheets, flyers, or program registration.

(10) Date delivered: when diagnostic info was delivered.

(11) Future Consultation/Follow-Up: provide the date you scheduled to meet with your client in the future if applicable or follow-up to document satisfaction, KASA, or SEE.

(12) Contact time in hours or increments.

(13) Agent Signature: sign and date (digital signature may be used).

References

Sanagorski, L. (2013). *Incorporating individual teachings (aka individual contact teaching) into a sustainable landscaping extension plan of work and report of accomplishment*. AEC493. Gainesville: University of Florida Institute of Food and Agricultural Sciences. <http://edis.ifas.ufl.edu/wc157>

Seevers, B., & Graham, D. (2012). *Education through cooperative extension* (3rd ed.). Fayetteville, AR: University of Arkansas.

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Walk-In Consultation Information

* Required information

Sample accepted by:		Date:		
(1) Submitter Information:	*Name:			
	*Date sample collected:			
	Sample collection site:			
	Submitter's Email:			
	Company (if applicable)			
	Address:			
	City/ Zip:			
	Phone Number:			
(2) Client Information (If different from submitter):	*Name:			
	*Client's Email:			
	*Company (if applicable):			
	*Address:			
	*City/ Zip:			
	*Phone Number:			
(3) Type of Site:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Interiorscape	
(4) Service Requested:	<input type="checkbox"/> Plant ID <input type="checkbox"/> Pest/Problem ID (Complete all sections below) <input type="checkbox"/> Recommendation (Please describe) _____			
(5) Plant(s) Affected (include variety/cultivar if known):				
(6) General Appearance of Plant(s):	ROOTS <input type="checkbox"/> Wilted <input type="checkbox"/> Spotted <input type="checkbox"/> Yellowed <input type="checkbox"/> Deformed <input type="checkbox"/> Stunted <input type="checkbox"/> Dead/ Dying <input type="checkbox"/> Other: _____	STEM/TRUNK <input type="checkbox"/> Wilted <input type="checkbox"/> Spotted <input type="checkbox"/> Yellowed <input type="checkbox"/> Deformed <input type="checkbox"/> Stunted <input type="checkbox"/> Dead/ Dying <input type="checkbox"/> Other: _____	BRANCHES <input type="checkbox"/> Wilted <input type="checkbox"/> Spotted <input type="checkbox"/> Yellowed <input type="checkbox"/> Deformed <input type="checkbox"/> Stunted <input type="checkbox"/> Dead/ Dying <input type="checkbox"/> Other: _____	LEAVES <input type="checkbox"/> Wilted <input type="checkbox"/> Spotted <input type="checkbox"/> Yellowed <input type="checkbox"/> Deformed <input type="checkbox"/> Stunted <input type="checkbox"/> Dead/ Dying <input type="checkbox"/> Other: _____
(7) Approximate Age of Plant(s):	Depth of planting:			
(8) Size of Planting/Number of Plants Affected:				
(9) Severity of Problem:	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	
(10) Timing	When was the problem first noticed?		How fast did it progress?	
(11) Site (check all that apply):	<input type="checkbox"/> Full Sun <input type="checkbox"/> Partial Shade <input type="checkbox"/> Full Shade <input type="checkbox"/> Windy Wet/poorly drained <input type="checkbox"/> Coastal			
(12) Recent Activities in the Area (flooding, drought, frost/freeze, construction, fill soil, pressure washing, pets, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of activities:		

(13) Irrigation:	<input type="checkbox"/> Frequency <input type="checkbox"/> Amount per application <input type="checkbox"/> Source (well, municipal, surface reclaimed)	<input type="checkbox"/> Unknown
(14) Fertilizer applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	What product?
		When applied?
(15) Chemicals or other treatment applied in the past 6 months (to control weeds, insects, or disease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	What product?
		When applied?
(16) Other Information:		
(17) Photographs included? <input type="checkbox"/> Yes <input type="checkbox"/> No Overall and close-up photos are helpful.		

Walk-in Consultation Diagnosis Form (for Extension Agent/Staff use)

(1) Consultation Date:

(2) Number of Contact Hours with Client:

(3) Findings/ Observations/ Interactions with Client:

(4) Discussion Points Based on Interaction with Client:

(5) Recommendations:

(6) Photos? Yes No

File ID:

(7) Referred: Yes No

To: DDIS Other: _____

(8) Referral Results:

(9) Results Delivered to Client:

Emailed

Called

Mailed

In person

Other: _____

(10) Additional information provided with results:

To submitter:

To client (if different):

(11) Follow-up Date:

Site-visit Request—Information Form * Required Information		
(1) Primary Problem/Concern:		
(2) Site-Visit Address:		
(3) Submitter Information:	*Name:	
	*Date sample collected:	
	Sample collection site:	
	Submitter's Email:	
	Company (if applicable)	
	Address:	
	City/ Zip:	
Phone Number:		
(4) Client Information (if different from submitter):	*Name:	
	*Client's Email:	
	*Company (if applicable):	
	*Address:	
	*City/ Zip:	
	*Phone Number:	
(5) Type of Information Requested:	<input type="checkbox"/> Plant Identification	<input type="checkbox"/> Irrigation Consult Visit
	<input type="checkbox"/> Problem Diagnosis	<input type="checkbox"/> Recommendation(s):
	<input type="checkbox"/> FFL site visit	
	<input type="checkbox"/> Other: _____	
(6) Brief Description of Problem (include appearance of plant(s), where damage was first noticed, symptoms, part of plant affected, the extent of the problem, speed of progression, age and size of the planting area, and/or design, installation, irrigation or maintenance issues):		
(7) Other Information: (What has recently occurred in the vicinity?):	<input type="checkbox"/> Weather (e.g., frost/freeze; drought; heavy rain; wind, etc.)	
	<input type="checkbox"/> Chemicals applied (for insect, disease, or weed control)	
	<input type="checkbox"/> Fertilizer applied	
	<input type="checkbox"/> Irrigation (frequency? water source?)	
	<input type="checkbox"/> Pruning	
	<input type="checkbox"/> Other cultural information	
	<input type="checkbox"/> Construction/trenching/fill	
	<input type="checkbox"/> Pressure-washing	
	<input type="checkbox"/> Pet: _____	
	<input type="checkbox"/> Other: _____	

Site Visit Diagnosis Form (for Extension Agent/Staff use)

(1) Date of Scheduled Site Visit:

(2) Discussion Points Based on Interaction with Client (e.g., how long has problem existed; when was the problem first noticed; when was the landscape/planting installed; fertilizer/pesticide applied; irrigation; site/drainage issues; environmental/weather conditions; planting practices; conflict between client/service provider regarding maintenance practices):

(3) Findings/ Observations/ Interactions with Client at Site-Visit:

(4) Agent Recommendations:

(5) Photos Taken: Yes No

File ID:

(6) Further diagnostics performed, referred, or recommended?

If yes, what?

Yes No

(7) Reports attached? Yes No

(8) Results Delivered to Submitter and Client (if different): Emailed Called Mailed In person

(9) Additional Information Provided with Results:
To submitter:

To client (if different):

(10) Date Delivered:

(11) Future consultation/follow-up scheduled for:

(12) Number of total contact hours with client:

Agent Signature:

Date: