Name:	Date:	Group:	
Name of tree:	(if you are not sure, make a prediction)		
Is it a deciduous tree (loses	its leaves) or a conifer (evergre	een or pine)?	
Describe the leaf:			
The leaf looks like			
The leaf feels like			
The leaf smells like			
Other observations:			

Name:	_ Date:	Group:
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Draw or trace your leaf: