

Grower's Name _____ Crop Last Year _____ Planting Date _____

Field Name _____ Yield Goal _____ Population _____

Planter Make/Model _____ No. Rows _____

Rate Yourself and Your Plan to Maximize Yield

- | | | | | | | | | | | |
|---|--|---|---------------|---|---|--|---|---|---|----|
| 1. Our seed quality and appearance? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Soil conditions conducive to top yields? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Seed placement/depth/planter speed? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Variety placement/right variety/right field? | <input type="radio"/> Yes <input type="radio"/> No | | Variety _____ | | | | | | | |
| 5. Upcoming date for Next Year's Plan? | _____ | | | | | | | | | |
| 6. Post Planting Management | <input type="radio"/> Fertility _____ | | | | | <input type="radio"/> Fungicide _____ | | | | |
| | <input type="radio"/> Insecticide _____ | | | | | <input type="radio"/> Field Visits Planned _____ | | | | |

Comments/Concerns:

Crop Planner

Grower