

Habitat Assessment (Short Form) Datasheet

Xerces Society's Western Monarch Count

Date _____ Site ID # _____ Site Name _____

Observers (first & last names) _____

Survey Start Time _____ AM / PM End Time _____ AM / PM

County _____ Property Owner(s) _____

Site Access (defined in protocol document): Open Access Limited Access No Access

Directions: _____

Cloud/Fog Cover _____ % Temperature _____ °F / °C

Relative Humidity _____ Precipitation: none drizzle rain downpour

Average Wind Speed _____ (mph / bft) Max Wind Speed _____ (mph / bft)

Wind Direction (direction wind is coming FROM) _____

Location Information Please provide GPS coordinates of the grove's boundaries. If the grove is an odd-shaped polygon or many cluster trees, please provide additional GPS points as needed, draw a map on the back of this sheet, or make a shapefile/kmz using Google Earth or GIS products.

GPS Point of Grove's Northern corner: _____ N _____ W +/- _____ ft

GPS Point of Grove's Eastern corner: _____ N _____ W +/- _____ ft

GPS Point of Grove's Western corner: _____ N _____ W +/- _____ ft

GPS Point of Grove's Southern corner: _____ N _____ W +/- _____ ft

GPS Point of Cluster tree #1: _____ N _____ W +/- _____ ft

GPS Point of Cluster tree #2: _____ N _____ W +/- _____ ft

Datum of GPS Unit: ___ NAD27 ___ NAD83 ___ WGS84 ___ Smartphone ___ Unknown ___

Monarchs Observed? Yes / No. If so, is there an associated count datasheet? Yes / No.
If not, roughly how many monarchs were observed? _____

Habitat Information Write in your answer, or circle the best option.

1. Is there a wind buffer between the cluster trees and edge of the grove? Yes / No / No current cluster trees. If so, in what directions (circle directions that apply)? N, NE, NW, S, SE, SW, W, E
2. Please describe the grove's tree arrangement (e.g., u-shape, linear along a drainage, dense grove with scattered openings, etc.) including tree species. _____
3. Do the cluster trees get direct sunlight? Yes / No / No current cluster trees. If so, during what times of day (circle all that apply)? Morning / Midday / Afternoon / Other _____
4. Are there dead/diseased/hazard trees in the grove? Yes / No. If so, describe their location, # of affected trees, and species _____
5. Is there fresh water (including dew) available nearby? Yes / No
If so, what is the source (check all that apply) Dew / Stream / Pond / Lake / Other _____
6. Are nectar plants currently blooming nearby? Yes / No
If so, what species are present? _____
7. Did you see monarchs nectaring on specific species? Yes / No
If so, what species were they nectaring on? _____
8. List any threats or disturbances you observe at the site (e.g., storm damage, tree trimming, tree removal, utility maintenance, pesticide use, non-native milkweed, development, fire, etc.)

8. Additional notes: _____