



COUNTY: _____
FFWCC NEST #: _____
Observer: _____
Phone: _____

NESTING SEASON: -

NEST SITE VISIT

Date: _____ Time Observed: From: _____ To: _____ Weather: _____

Noise Level: Low Med High Source: _____

Nest Condition: Good Fair Poor Tree Condition: Good Fair Poor

Adults Observed: _____

Behavior: *(check all that apply)*

- | | | | | |
|-----------------------------------|---|------------------------------------|---|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Nest Construction | <input type="checkbox"/> Brooding | <input type="checkbox"/> Incubation | <input type="checkbox"/> Somewhat Nervous |
| <input type="checkbox"/> Flying | <input type="checkbox"/> Sitting On Nest | <input type="checkbox"/> Roosting | <input type="checkbox"/> Adults Feeding | |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Territorial Disputes | <input type="checkbox"/> Courtship | <input type="checkbox"/> Distraught | |

Eaglets Observed: _____ Number of Young Fledged: _____

Behavior: *(check all that apply)*

- Adults Feeding Eaglet(s) Sibling Rivalry Wingflapping Branching

Specific Observation: *(please note flight patterns and any activity observed around the nest tree; i.e. vehicles, humans, construction, etc.)*

NEST SITE VISIT

Date: _____ Time Observed: From: _____ To: _____ Weather: _____

Noise Level: Low Med High Source: _____

Nest Condition: Good Fair Poor Tree Condition: Good Fair Poor

Adults Observed: _____

Behavior: *(check all that apply)*

- | | | | | |
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