

Bluebird Report Form: Year _____ **Town** _____ **T.R.S.:** _____ **County** _____
Location Name: _____ Street _____ Zip Code _____

Compiler's Name: _____ Compiler's Phone Number _____ - _____ - _____
Average Hours/Trip _____ X Number of Trips _____ = Total Volunteer Hours [_____]

About how frequently did you check your trail? Circle one: Weekly Every 10 days Every Two Weeks Other _____
Number of Boxes on your trail: _____

Bluebird Data:

How many boxes (with at least one egg laid) were occupied by bluebirds? _____
How many successful broods (single nestings with one or more bluebirds fledged)? _____
How many Bluebird EGGS did you have (Blue/White) _____ / _____
How many Bluebird eggs HATCHED? (This cannot be greater than the number of eggs.) _____
How many fledged? (This cannot be greater than the number of eggs laid or hatched) _____

How many boxes were used (and at least one egg laid) by the following species?

	Boxes	Fledged
Tree Swallows	_____	_____
House Wrens	_____	_____
Chickadees	_____	_____

How many of the following species were prevented from fledging?

House Sparrows _____ European Starlings _____ Others (what)? _____

Did you find any bluebirds nesting in natural cavities near your trail? Yes _____ No _____

- if Yes, how many pairs? Please provide location notes _____

If you had tree swallows, were your boxes paired? Y N

What type of protection was used *on the poles*? _____ did it work? Y N _____ did it work? Y N

What type of protection was used *at the holes*? None _____ Wire Guard _____ 2x4 wood block extender _____

Were any boxes relocated from last year to discourage wrens? Y N Did this help? Y N

Did you have any other/special problems? _____

Please return by September 15 to: Bluebird Coordinator
Volo Bog State Natural Area
28478 W. Brandenburg Rd.
Ingleside, IL 60041

We will forward to the county and state compilers.

Thanks!