

CATEGORY B

SUBJECT:

GARDENING / HORTICULTURE

OBJECTIVE(S)

To recognize and encourage candidates with an interest in gardening/horticulture.

PREREQUISITES

None.

INSTRUCTORS/EVALUATORS

- Teachers of gardening, biology and/or horticulture
- Recognized professional in field or other qualified adult members of the community

REFERENCES AND MATERIALS

- Related books of instruction
- Persons with expertise or knowledge in gardening
- Botanical gardens
- Conservatories
- Greenhouses
- Gardening Centres
- Appropriate Federal, Provincial or Municipal government agency, department or ministry dealing with agriculture and food
- Multimedia sources, ie. Internet, etc.

CONTENT

Candidates who decide to take part in a specific course of instruction must devote a minimum of 10 hours to the subject. Whether through course instruction or/and working independently, the candidate must qualify for the specific requirements as outlined in this syllabus.

1. The candidate must demonstrate to the Instructor's/Evaluator's satisfaction a knowledge in *three* of the following:
 - methods of composting
 - lawn care and maintenance
 - caring for trees and shrubs
 - flowering plants
 - herbaceous plants
 - the soil reaction (pH)
 - acid loving plants
 - pruning and care

2. The candidate must create a “project” showing and explaining *one* of the following:
- insects, diseases and environmental problems
 - weed identification and control
 - vegetables, spices or herbs (harvest and storage, problems, disease and insects, production and care).

DURATION

As required.

CERTIFICATION

The Instructor/Evaluator must ensure an adequate level of understanding on the part of the candidate as per above-mentioned content description.

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

**GARDENING /
HORTICULTURE**

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

Instructor/Evaluator (signature) Date

Divisional Superintendent (signature) Date