

Willow Flycatcher (WIFL) Survey and Detection Form (revised April, 2010)

Site Name: _____ State: _____ County: _____

USGS Quad Name: _____ Elevation: _____ (meters)

Creek, River, or Lake Name: _____

Is copy of USGS map marked with survey area and WIFL sightings attached (as required)? Yes ☒ No ☐

Survey Coordinates: Start: E _____ N _____ UTM Datum: _____ (See instructions)

Stop: E _____ N _____ UTM Zone: _____

If survey coordinates changed between visits, enter coordinates for each survey in comments section on back of this page.

****Fill in additional site information on back of this page****

Survey # Observer(s) (Full Name)	Date (m/d/y) Survey Time	Number of Adult WIFLs	Estimated Number of Pairs	Estimated Number of Territories	Nest(s) Found? Y or N If Yes, number of nests	Comments (e.g., bird behavior; evidence of pairs or breeding; potential threats [livestock, cowbirds, <i>Diorhabda</i> spp.]). If <i>Diorhabda</i> found, contact USFWS and State WIFL coordinator.	GPS Coordinates for WIFL Detections (this is an optional column for documenting individuals, pairs, or groups of birds found on each survey). Include additional sheets if necessary.			
							# Birds	Sex	UTM E	UTM N
Survey # 1 Observer(s):	Date:									
	Start:									
	Stop:									
	Total hrs:									
Survey # 2 Observer(s):	Date:									
	Start:									
	Stop:									
	Total hrs:									
Survey # 3 Observer(s):	Date:									
	Start:									
	Stop:									
	Total hrs:									
Survey # 4 Observer(s):	Date:									
	Start:									
	Stop:									
	Total hrs:									
Survey # 5 Observer(s):	Date:									
	Start:									
	Stop:									
	Total hrs:									
Overall Site Summary Totals do not equal the sum of each column. Include only resident adults. Do not include migrants, nestlings, and fledglings. Be careful not to double count individuals. Total survey hrs: 		Total Adult Residents	Total Pairs	Total Territories	Total Nests	Were any WIFLs color-banded? Yes _____ No _____ If yes, report color combination(s) in the comments section on back of form and report to USFWS.				

Reporting Individual: _____

Date Report Completed: _____

US Fish & Wildlife Service Permit #: _____

State Wildlife Agency Permit #: _____

Submit form to USFWS and State Wildlife Agency by September 1st. Retain a copy for your records.

Fill in the following information completely. Submit form by September 1st. Retain a copy for your records.

Reporting Individual _____ Phone # _____
Affiliation _____ E-mail _____
Site Name _____ Date report Completed _____
Was this site surveyed in a previous year? Yes____ No____ Unknown____
Did you verify that this site name is consistent with that used in previous yrs? Yes _____ No _____ Not Applicable _____
If name is different, what name(s) was used in the past? _____
If site was surveyed last year, did you survey the same general area this year? Yes _____ No _____ If no, summarize below.
Did you survey the same general area during each visit to this site this year? Yes _____ No _____ If no, summarize below.
Management Authority for Survey Area: Federal _____ Municipal/County _____ State _____ Tribal _____ Private _____
Name of Management Entity or Owner (e.g., Tonto National Forest) _____

Length of area surveyed: _____ (km)

Vegetation Characteristics: Check (only one) category that best describes the predominant tree/shrub foliar layer at this site:

_____ Native broadleaf plants (entirely or almost entirely, > 90% native)
_____ Mixed native and exotic plants (mostly native, 50 - 90% native)
_____ Mixed native and exotic plants (mostly exotic, 50 - 90% exotic)
_____ Exotic/introduced plants (entirely or almost entirely, > 90% exotic)

Identify the 2-3 predominant tree/shrub species in order of dominance. Use scientific name.

Salix Gooddingii, *Populus spp.*, *Tamarix spp.*

Average height of canopy (Do not include a range): _____ (meters)

Attach the following: 1) copy of USGS quad/topographical map (REQUIRED) of survey area, outlining survey site and location of WIFL detections;
2) sketch or aerial photo showing site location, patch shape, survey route, location of any detected WIFLs or their nests;
3) photos of the interior of the patch, exterior of the patch, and overall site. Describe any unique habitat features in Comments.

Comments (such as start and end coordinates of survey area if changed among surveys, supplemental visits to sites, unique habitat features.
Attach additional sheets if necessary.

Territory Summary Table. Provide the following information for each verified territory at your site.

Territory Number	All Dates Detected	UTM E	UTM N	Pair Confirmed? Y or N	Nest Found? Y or N	Description of How You Confirmed Territory and Breeding Status (e.g., vocalization type, pair interactions, nesting attempts, behavior)

Attach additional sheets if necessary

Territory Summary Table, continued

Reporting Individual _____ Phone # _____
Affiliation _____ E-mail _____
Site Name _____ Date report Completed _____

Territory Number	All Dates Detected	UTM E	UTM N	Pair Confirmed? Y or N	Nest Found? Y or N	Description of How You Confirmed Territory and Breeding Status (e.g., vocalization type, pair interactions, re nesting attempts, behavior)

Comments
