

Sewing Journal

The Pattern

Name					Size	Pattern Designer
Type (circle)	Quilt	Home Dec pillow window treatment slipcover _____	Accessory bag apron hat mittens scarf _____	Garment baby coat/jacket shirt/blouse shorts pants skirt dress sleepwear _____	Changes made to the design	

The Materials

Fabric/Notions	Color	Qty	Designer/Other	Manufacturer	Retailer/Source	Thrifted?	Cost
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						<input type="checkbox"/>	
Total Cost							

The Recipient

Name		Date	
Occasion		Location	

The Maker

Made by		<input type="checkbox"/> I attached a label to this item!
Date started		Date completed
		I spent ____ hours making this.
Others who helped make this project:		

Tools (*machine, needle, ruler, scissors, pins, iron, etc.*)

Techniques (*cutting, seams, hem, piecing, quilting, binding, zipper insertion, etc.*)

As I made this, I experienced.... (*sights, sounds, smells, tastes, rewards, difficulties, feelings, etc.*)

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Rating	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	Notes					
Pattern	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
Materials	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Tools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Techniques	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						