**CREP Workshop Evaluation**

Please circle the number that best describes your level of awareness/knowledge of each topic before and after the workshop. (1=lowest; 5=highest)

1. Conservation Reserve Enhancement Program (CREP)

 Pre-workshop 1 2 3 4 5

 Post-workshop 1 2 3 4 5

2. Maintenance required for CREP practices

 Pre-workshop 1 2 3 4 5

 Post-workshop 1 2 3 4 5

1. Are you currently enrolled in CREP (Circle one) Yes No

If no, do you plan to enroll in the future? (Circle one) Yes No
 If yes, how many acres?
 If not, why?

 If yes, do you plan to re-enroll in CREP when your contract expires? (Circle one) Yes No

 If not, why?

1. Which watershed do you live in? (Circle one) Ohio Chesapeake Bay Delaware
2. Do you need further information from the conservation district or FSA on the CREP program? If so, please describe and include your name and phone number:
3. On a scale of 1 to 10 (1 being low, 10 being high) how helpful was this workshop learning

about the CREP Program : \_\_\_\_\_\_\_\_\_\_\_
4. Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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