**CREP Workshop Evaluation**

Please select the number from the dropdown menu 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 Choose an item.

Post-workshop Choose an item.

2. Maintenance required for CREP practices

Pre-workshop Choose an item.

Post-workshop Choose an item.

1. Are you currently enrolled in CREP? Yes No  
     
   If not, do you plan to enroll in the future? Yes No  
    If yes, how many acres?   
    If not, why?

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

If not, why?

1. Which watershed do you live in? 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: Choose an item.
4. Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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