**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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