The National Oceanic and Atmospheric Administration Office for Coastal Management conducts periodic evaluations of national estuarine research reserves as required by the Coastal Zone Management Act.

As part of the evaluation of the [Reserve Name] Reserve, the Office for Coastal Management would like to obtain your perspective and opinion on the reserve’s implementation of its programs and activities. The evaluation will cover the time period of [Month Year] to [Month Year]. Please note that the word “you” in the following questions refers to an organization or a person, as appropriate.

A summary report that includes combined survey responses will be provided to the program and will be made available to the public upon a Freedom of Information Act request. Your responses will not be linked to your name.

Your responses are voluntary and you may skip questions that do not apply to you or you do not wish to answer. Thank you for your participation in this survey.

1. How well do you think the reserve is doing in addressing the following four National Estuarine Research Reserve System priorities?
   1. Providing opportunities for research and monitoring.

Excellent Good Adequate Poor Very Poor No Opinion



Comments

* 1. Enhancing public awareness and understanding of estuarine areas through public education and interpretation opportunities.

Excellent Good Adequate Poor Very Poor No Opinion



Comments

* 1. Providing coastal decision makers with knowledge and tools to address critical resource management issues through the Coastal Training Program.

Excellent Good Adequate Poor Very Poor No Opinion



Comments

* 1. Protection the reserve’s natural resources.

Excellent Good Adequate Poor Very Poor No Opinion



Comments

# What are the reserve’s top one to three accomplishments?

1.

2.

3.

# What are the top one to three coastal management challenges/issues in the region?

1.

2.

3.

# What are the reserve’s top one to three strengths in implementing its programs?

1.

2.

3.

# What are the reserve’s top one to three weaknesses in implementing its programs? (Internal obstacles and/or issues)

1. 1.

2.

3.

# What are the reserve’s top one to three opportunities to make a bigger impact in the future? (Locally, regionally, statewide, or nationally)

1.

2.

3.

# Is there anything else you would like to share?

# Choose the category that best describes who you represent.

# 

OMB Control Number 0648-0661. Expires: MM/DD/YYYY. Public reporting burden for this collection of information is estimated to average 15 minutes per completed survey. Send comments regarding this burden estimate, including any suggestions for reducing this burden, to Michael Migliori, NOAA NOS/OCM/PPC, 1305 East-West Hwy., N/OCM1, Silver Spring, Maryland 20910. A summary report of the survey results will be provided to the reserve and will be available to the public upon request. Your survey responses will not be linked to your name. Responses to this survey are voluntary. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection displays a currently valid Office of Management and Budget (OMB) control number.