

## PARTICIPANT FEEDBACK FORM

Please enter your responses in the form field or check box after the appropriate selection. *Please complete BOTH sides of this form.* 

ľ	vame (optioi	nai):			
ļ	Agency:				
F	Role:	Player 🗌	Controller	Evaluator	Observer
Pá	nrt I: Recor	mmendatio	ons and Corre	ective Action	s
1.		e exercise too ths identified:	-	s you and your	team performed, list the top
	1.				
	2.				
	3.				
2.	three areas	that need imp		•	team performed, list the top
	2.				
	3.				
3.		quipment, tra			entify any corrective actions, edures that are needed to



## Part II: Assessment of Exercise Design and Conduct

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor Strongly Disagree				Strongly Agree	
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
The controller(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.	1	2	3	4	5
The Player Handout provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
This exercise allowed my agency/facility to practice and improve priority capabilities.	1	2	3	4	5
After this exercise, I believe my agency/facility is better prepared to deal successfully with the scenario that was exercised.	1	2	3	4	5

## Part III: Participant Feedback

Provide any additional feedback that has not otherwise been captured about the exercise today. Feel free to provide any recommendations on how this exercise or future exercises could be improved or enhanced.

Please give your completed Participant Feedback Form to the Exercise Controller or Evaluator.