



Cybersecurity and Infrastructure Security Agency Exercise Feedback Form

Name

Organization/Company Name

E-Mail Address

Date of Exercise

Exercise Name

What classification best describes your organization?

- Private Sector State/Local Govt. Tribal Territorial
- Federal Govt.
- Other

Have you Implemented any of the action items identified from the exercise?

- Yes No Planning to Implement

What were you most satisfied with?

What were you least satisfied with?

Did our product or service meet your expectations?

Yes

No

Additional comments

On a scale of 1-5 (1 being the least satisfied and 5 being the most) please rank the below:

	1	2	3	4	5
Did you find the exercise useful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you believe the exercise enhanced your organization's resiliency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the exercise team professional and working towards your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend the exercise program to your partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How likely are you to request another exercise from DHS ISD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please evaluate the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information received through this activity or product was current and relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information received through this activity or product will effectively inform my decision making regarding safety and security risk mitigation and resilience enhancements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will encourage my agency/ organization to incorporate information I learned through this activity or product into our safety, security, or resilience practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please submit this form to: CISA.Exercises@cisa.dhs.gov