# Participant Feedback Form

Thank you for participating in this exercise. Any comments provided will be treated in a sensitive manner and all personal information will remain confidential. Please keep comments concise, specific, and constructive.

## Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name:

Agency/Organization Affiliation:

Position Title:

## Part II: Exercise Design

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

| **Assessment Factor** | **Strongly**  **Disagree** | | | **Strongly Agree** | | |
| --- | --- | --- | --- | --- | --- | --- |
| Pre-exercise briefings were informative and provided the necessary information for my role in the exercise. | 1 | 2 | 3 | | 4 | 5 |
| The exercise scenario was plausible and realistic. | 1 | 2 | 3 | | 4 | 5 |
| Exercise participants included the right people in terms of level and mix of disciplines. | 1 | 2 | 3 | | 4 | 5 |
| Participants were actively involved in the exercise. | 1 | 2 | 3 | | 4 | 5 |
| Exercise participation was appropriate for someone in my field with my level of experience/training. | 1 | 2 | 3 | | 4 | 5 |
| The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations. | 1 | 2 | 3 | | 4 | 5 |
| The exercise provided the opportunity to address significant decisions in support of critical mission areas. | 1 | 2 | 3 | | 4 | 5 |
| After this exercise, I am better prepared to deal with the capabilities and hazards addressed. | 1 | 2 | 3 | | 4 | 5 |

## Part III: Participant Feedback

1. **I observed the following strengths during this exercise:**

| **Strengths** |
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1. **I observed the following areas for improvement during this exercise:**

| **Areas for Improvement** |
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|  |

1. **What specific training opportunities helped you (or could have helped you) prepare for this exercise? Please provide specific course names if applicable.**

| **Training** | **Completed Prior to Exercise? (Y/N)** |
| --- | --- |
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1. **Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.**
2. **Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.**