# Participant Feedback Form

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

Name:

Agency/Organization Affiliation:

Exercise Role: [ ]  Player [ ]  Facilitator/Controller [ ]  Observer [ ]  Evaluator

## Part I: 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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## 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** |
| --- | --- | --- |
| 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 |

1. **Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.**

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