

PARTICIPANT FEEDBACK FORM

Thank you for participating in this exercise. Your observations, comments, and input are greatly appreciated, and provide invaluable insight that will better prepare our nation against threats and hazards. 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: _____

Years of Experience in Present Position: _____

Number of Exercises Previously Participated in: 0 1-5 5-10 15+

Exercise Role: Player Facilitator/Controller Observer Evaluator

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 scenario was plausible and realistic.	1	2	3	4	5
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
Participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The seminar increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The seminar provided the opportunity to address significant decisions in support of critical mission areas.	1	2	3	4	5
After this seminar, 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 (please select the corresponding capability and applicable element related to the strength):

Strengths	Core Capability	Element
	Operational Coordination	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Operational Communications	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the corresponding capability and applicable element related to the area for improvement):

Areas for Improvement	Core Capability	Element
	Operational Coordination	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Operational Communications	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

3. 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)

4. Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.

5. Please provide any recommendations on how this seminar or future exercises could be improved or enhanced.

6. What plans or policies do you feel need to be tested through an exercise or additional exercises? Why?