**PARTICIPANT FEEDBACK FORM**

Participant Name: Exercise: Exercise Date:

1. 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(s) was plausible and realistic. | 1 | 2 | 3 | 4 | 5 |
| The exercise documentation provided to assist in preparing for and participating in the exercise was useful. | 1 | 2 | 3 | 4 | 5 |
| The exercise allowed me to practice and improve priority capabilities. | 1 | 2 | 3 | 4 | 5 |
| The exercise helped my facility identify strengths and weaknesses in the execution of plans, protocols, and procedures. | 1 | 2 | 3 | 4 | 5 |
| After this exercise, I believe my facility is better prepared to deal successfully with the scenario(s) that was exercised. | 1 | 2 | 3 | 4 | 5 |

1. Based on today’s exercise, list observed key strengths and/or areas that need improvement.

Strengths:

Areas for improvement:

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