



[Enter agency name]

[Enter exercise name]

Participant Feedback Form

[Select date and time]

Thank you for participating in this exercise!

To improve our ability to provide effective and efficient training and exercises, we are requesting feedback from all individuals involved in this tabletop exercise.

Please complete this **Participant Feedback Form** to help us identify strengths and areas for improvement. Feedback and additional comments provided will be treated in a sensitive manner and all personal information will remain confidential.

Name (optional):	
Role:	<input type="checkbox"/> Player <input type="checkbox"/> Evaluator <input type="checkbox"/> Observer <input type="checkbox"/> Other _____

Questions

1. Please identify any **strengths** highlighted by the exercise:

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2. Please identify any **areas of improvement** highlighted by the exercise:

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3. Please identify any **actions you will take** as a direct result of this exercise:

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Rate each statement on a scale of 1 to 5	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The exercise objectives were achieved.	1	2	3	4	5
Exercise participation was appropriate for someone with my level of experience or 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 highlighted strengths and/or areas of improvement for my organization.	1	2	3	4	5
After this exercise, I am better prepared to deal with capabilities and hazards discussed.	1	2	3	4	5
This exercise allowed me to gain familiarity with established plans, policies, or procedures.	1	2	3	4	5

4. What **changes** can be made to improve emergency response?:

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5. Please leave any **additional comments** to share:

