

## 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 state to transport patients infected with a special pathogen from one facility to another. 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

Location during Exercise: \_\_\_\_\_

### 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 (please select the corresponding capability and applicable element related to the strength):**

Strengths	Core Capability
	Public Health, Healthcare, and Emergency Medical Services
	Environmental Response/Health and Safety
	Operational Coordination
	Public Information and Warning
	Planning
	On-scene Security, Protection and Law Enforcement

**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
	Public Health, Healthcare, and Emergency Medical Services

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	Environmental Response/Health and Safety
	Operational Coordination
	Public Information and Warning
	Planning
	On-scene Security, Protection, and Law Enforcement

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**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 exercise or future exercises could be improved or enhanced.**

# Homeland Security Exercise and Evaluation Program (HSEEP)

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

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Exercise**

**Venue:** \_\_\_\_\_

**Role:**    Player       Controller       Observer       Evaluator

### Part I: Recommendations and Corrective Actions

1. Based on exercise play today, list the top three strengths.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. Based on exercise play today, list the top three areas that need improvement.

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

3. Identify the action steps that should be taken to address the issues identified above. For each action step, indicate if it is a high, medium, or low priority.

Corrective Action	Priority

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4. Describe any corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?

Corrective Action	Recommended Assignment

5. List the policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

Item for Review	Priority

### Part II: Assessment of Exercise Design and Conduct

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	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5	1	2	3	4	5
The controller(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.	1	2	3	4	5	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5	1	2	3	4	5

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### Part III: Participant Feedback

What changes would you make to this exercise? Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

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Please provide any additional comments you have about the exercise.

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