# Exercise Evaluation Guide

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| *Exercise Name: Interfacility Transport of a Patient with \_\_\_\_\_\_ Functional Exercise*  *Exercise Date:* [Insert exercise date] | *Organization/Jurisdiction:*  [Insert organization or jurisdiction] | *Venue:*  [Insert venue name] |
| **Response** | | |
| *Exercise Objective:* Demonstrate the ability to resolve any issues with licensure laws, transport agency certification, and/or local medical control that arise during an interstate transport. | | |
| *Core Capability:* **Planning**  Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or tactical-level approaches to meet defined objectives. | | |
| **Organizational Capability Target 1: [Insert customized target based on plans and assessments]**  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  **Source(s):** [Insert name of plan, policy, procedure, or reference] | | |
| **Organizational Capability Target 2: [Insert customized target based on plans and assessments]**  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  **Source(s):** [Insert name of plan, policy, procedure, or reference] | | |
| **Organizational Capability Target 3: [Insert customized target based on plans and assessments]**  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  *Critical Task:* [Insert task from frameworks, plans, or SOPs]  **Source(s):** [Insert name of plan, policy, procedure, or reference] | | |

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| **Organizational Capability Target** | **Associated Critical Tasks** | **Observation Notes and**  **Explanation of Rating** | **Target Rating** |
| [Insert Organizational Capability Target 1 from page 1] | * [Insert Organizational Capability Target 1 Critical Tasks from page 1] |  |  |
| [Insert Organizational Capability Target 2 from page 1] | * [Insert Organizational Capability Target 2 Critical Tasks from page 1] |  |  |
| [Insert Organizational Capability Target 3 from page 1] | * [Insert Organizational Capability Target 3 Critical Tasks from page 1] |  |  |
|  |  | **Final Core Capability Rating** |  |

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| **Ratings Key** |
| P – Performed without Challenges  S – Performed with Some Challenges  M – Performed with Major Challenges  U – Unable to be Performed |

Evaluator Name

Evaluator E-mail

Phone

## Ratings Definitions

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| **Performed without Challenges (P)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. |
| **Performed with Some Challenges (S)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. |
| **Performed with Major Challenges (M)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. |
| **Unable to be Performed (U)** | The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). |