# Hand_Print_green%20cropParticipant Feedback Form



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

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| --- | --- |
| Name: |  |
| Title/Position |  |
| Email: |  |
| Phone: |  |
| Exercise Role:  | Player [ ]  | Observer [ ]  | Exercise Staff [ ]  |



##  Part I: Recommendations and Corrective Actions

1. **Based on the exercise today and the tasks identified, list the top three strengths and/or areas that need improvement.**

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1. **Is there anything you saw in the exercise that the Controller/Evaluators or other Evaluators might not have been able to observe and record?**

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1. **Identify corrective actions that should be taken to address the issues identified above.
For each corrective action, indicate if it is a high, medium, or low priority.**

| **Corrective Action** | **Priority** |
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1. **Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?**

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| **Corrective Action** | **Recommended Assignment** |
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1. **List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.**

| **Item for Review** | **Priority** |
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1. **If you received Just-in-Time (JIT) training to help you prepare for this exercise, please rate how effectively this training prepared you:**

| **JIT Training Topic** | **Strongly****Disagree** | **Strongly** **Agree** |
| --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** |

Please provide any recommendations on how these trainings could be improved/enhanced.

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## Hand_Print_green%20crop 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** |
| The exercise scenario was plausible and realistic. | **1** | **2** | **3** | **4** | **5** |
| The Controller/Evaluator was knowledgeable about the area of play and kept the exercise on target.  | **1** | **2** | **3** | **4** | **5** |
| The exercise materials provided to assist us in participating in the exercise was useful. | **1** | **2** | **3** | **4** | **5** |
| Participation in the exercise was appropriate for someone in my position. | **1** | **2** | **3** | **4** | **5** |
| The participants included the right people in terms of level and mix of disciplines. | **1** | **2** | **3** | **4** | **5** |
| This exercise allowed my hospital to practice and improve priority capabilities. | **1** | **2** | **3** | **4** | **5** |
| After this exercise, I believe my hospital is better prepared to deal successfully with a scenario involving the evacuation of a NICU. | **1** | **2** | **3** | **4** | **5** |



##  Part III: Participant Feedback

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

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Please forward any additional feedback to:

EPC Name

Title

Institutions Name

Address

Phone: Email:

**Thank you for your participating in today’s exercise!**