## School Emergency Operations Plan Exercise PARTICIPANT FEEDBACK FORM

Exercise Name:	Exercise Date:			
Participant Name:	Title:			
Agency:	Role: Player Observer Facilitator Evaluator			

Part I – Recommendations and Action Steps

1. Based on discussions today and the tasks identified, list the top 3 issues and/or areas that need improvement.

 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.

3. Describe the action steps that should be taken in your area of responsibility. Who should be assigned responsibility for each action item?

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

## Part II – Exercise Design and Conduct

## 1. What is your assessment of the 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**.

		Rating of Satisfaction with Exercise				
	Assessment Factor	Strongly Disagree				Strongly Agree
a.	The exercise was well structured and organized.	1	2	3	4	5
b.	The exercise scenario was plausible and realistic.	1	2	3	4	5
C.	The multimedia presentation helped the participants understand and become engaged in the scenario.	1	2	3	4	5
d.	The facilitator(s) was knowledgeable about the material, ke the exercise on target, and was sensitive to group dynamic		2	3	4	5
e.	The Situation Manual used during the exercise was a valua tool throughout the exercise.	ble 1	2	3	4	5
f.	Participation in the exercise was appropriate for someone in position.	n my 1	2	3	4	5
g.	The participants included the right people in terms of level a mix of disciplines.	and 1	2	3	4	5

## 2. What changes would you make to improve this exercise?

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

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