# 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 Humboldt Bay Municipal Water District against threats and hazards. 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 1: General Information

Please enter your responses in the form field.

| Participant Information |
| --- |
| Name (optional): |
| Agency/Organization Affiliation: |
| Position Title: |
| Years of Experience in Present Position: |
| Location during Exercise: |

Please circle the appropriate selection.

| Number of Exercises Previously Participated in: | 0 | 1 – 5 | 6 – 10 | 11 – 15 | 16+ |
| --- | --- | --- | --- | --- | --- |

Please circle the appropriate selection.

| Exercise Role: | Player | Facilitator/ Controller | Evaluator | Other |
| --- | --- | --- | --- | --- |

## 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, 2 indicating disagreement, 3 indicating neutral, 4 indicating agree, and 5 indicating strong agreement.

| Assessment Factor | Strongly Disagree | Disagree | Neutral | Agree | 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 (please also answer Question #1 following this table). | 1 | 2 | 3 | 4 | 5 |
| Exercise participants included the right people in terms of level and mix of disciplines (please also answer Question #2 following this table). | 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 capabilities and hazards addressed. | 1 | 2 | 3 | 4 | 5 |

1. How could the exercise scenario have been more plausible/realistic?
2. With regard to respective levels and mix of disciplines, what other exercise participants could/should have been included?
3. Other Comments (if needed):

## Part III: Participant Feedback

1. I observed the following strengths related to each objective being met during this exercise: Indicate the element(s) contributing to the strength by checking the related box.

| Strengths | Objective | Element |
| --- | --- | --- |
| [List strengths] | Communication Validation | * Planning
* Organization
* Equipment
* Training
* Exercise
 |
| [List strengths] | Communication Coordination | * Planning
* Organization
* Equipment
* Training
* Exercise
 |
| [List strengths] | Critical Roles/Responsibilities | * Planning
* Organization
* Equipment
* Training
* Exercise
 |
| [List strengths] | Community Resilience/Recovery | * Planning
* Organization
* Equipment
* Training
* Exercise
 |

Other Comments (if needed):

1. I observed the following areas of improvement related to objectives **NOT** being met during this exercise: Indicate the element(s) related to the area of improvement by checking the related box.

| Area’s for Improvement |  Capability | Element |
| --- | --- | --- |
| [List areas for improvement] | [List capability for this exercise] | * Planning
* Organization
* Equipment
* Training
* Exercise
 |
| [List areas for improvement] | [List capability for this exercise] | * Planning
* Organization
* Equipment
* Training
* Exercise
 |
| [List areas for improvement] | [List capability for this exercise] | * Planning
* Organization
* Equipment
* Training
* Exercise
 |
| [List areas for improvement] | [List capability for this exercise] | * Planning
* Organization
* Equipment
* Training
* Exercise
 |

Other Comments (if needed):

1. What specific training opportunities were you able to attend prior to the exercise?

| Training | Attended |
| --- | --- |
| [Insert training course offered] | Y/N |
| [Insert training course offered] | Y/N |
| [Insert training course offered] | Y/N |
| [Insert training course offered] | Y/N |
| [Insert training course offered] | Y/N |

1. What specific training opportunities helped you (or could have helped you) prepare for this exercise? Please provide specific course names if applicable.

| Training |
| --- |
| [Free text] |
| [Free text] |
| [Free text] |
| [Free text] |
| [Free text] |

1. Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.
2. Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.