Exercise Participant Feedback Form

Name (Optional):

Role:

As part of a continuous improvement process, all participant feedback is valued and provides input into the exercise process and evaluation. Please comment on the following elements based on your role and experiences during this exercise.

Did you understand your individual role and responsibility?
Comment:
What are your observations of the challenges or obstacles faced during the exercise?
Comment:
Please describe any difficulties you encountered to acquire information needed to perform your role?
Comment:

What observations do you have about the integration of agency and industry participants?
Comment:
What recommendations would you like to make for future exercises?
Comment:

If you want to provide additional comments after the exercise, please contact:

Name:

Email: