Family Reunification Center (FRC) Exercise - 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 our nation 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:
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	Observer	Evaluator

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.	1	2	3	4	5
Exercise participants included the right people in terms of level and mix of disciplines.	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

Part III: Participant Feedback

1. I observed the following strengths during this exercise: (Please select the corresponding capability and applicable element related to the strength. Indicate the element selected by circling "Y" for "YES" and "N" for "NO").

Strengths	Y/N
	Y/N Y/N Y/N Y/N Y/N
	Y/N Y/N Y/N Y/N Y/N
	Y/N Y/N Y/N Y/N Y/N

2. I observed the following areas of improvement during this exercise: (Please select the corresponding capability and applicable element related to the strength. Indicate the element selected by circling "Y" for "YES" and "N" for "NO").

Area's for Improvement	Y/N
	Y/N Y/N Y/N Y/N Y/N
	Y/N Y/N Y/N Y/N Y/N

Area's for Improvement	Y/N
	Y/N Y/N Y/N Y/N Y/N

3. What specific training opportunities helped you (or could have helped you) prepare for this exercise? Please provide specific course names if applicable. Indicate whether the training course was completed prior to the exercise by circling "Y" for "YES" and "N" for "NO").

Training	Completed Prior to Exercise (Y/N)?
	Y/N
	Y/N
	Y/N
	Y/N
	Y/N

4. Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.

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