# WCMHPC LTC Fall 2018 Exercise evaluation form

Each exercise participant is required to complete the feedback form. All forms will be gathered and emailed to the coalition point of contact within 24 hours of the exercise.

Name (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facilities represented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Recommendations and Corrective Actions**

1. Based on your facility actions and your opinions (not the results of the hot wash), list **the top three strengths** you identified.

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1. Based on your facility actions and your opinions (not the results of the hot wash), list the **top areas you identified that need improvement.**

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The information you provide in this document will be used to inform the After-Action Report and After-Action Conference.

##### Overall program rating:

* Excellent
* Above average
* Average
* Fair
* Poor

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