

APPENDIX F: PARTICIPANT FEEDBACK FORM

Gerald, Missouri Pipeline Exercise (TTX)

Participant Name (optional): _____

Date: October 8, 2020

Location: Gerald, MO

Organization: _____

Part I – Participant Evaluation

Please rate, on a scale of 1 to 5, your overall evaluation of the exercise relative to the questions provided below, with 1 indicating a rating of **Strongly Disagree** and 5 indicating a rating of **Strongly Agree**.

<u>Assessment Factor</u>		<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
a.	Were the handouts and situation manuals informative and useful?	1	2	3	4	5
a.	Was the discussion value added and relevant to current issues?	1	2	3	4	5
a.	Was the length of the exercise appropriate?	1	2	3	4	5
d.	Was the meeting space comfortable and conducive to the exercise?	1	2	3	4	5
e.	Did the exercise allow enough time discussion among peers at your table?	1	2	3	4	5
f.	Overall, was the exercise constructive and worthwhile?	1	2	3	4	5

Part II – Participant Feedback

Did the exercise support an effective activity in testing notifications, communications, and operational coordination?

Was the use of the Virtual Scenario Manager™ effective?

Part III – Observations and Recommended Actions

In the space provided below, please record three strengths or areas of improvement you observed in the workshop. Please provide a corresponding recommended action to enhance or correct that observation i.e., planning, policies, training, personnel, equipment, etc.

Observations:

Recommendation:

Observations:

Recommendation:

Observations:

Recommendation:

Email completed form to lisa.jobe@sema.dps.mo.gov