INSTRUCTIONS (Appendix C)

<u>Exercise Participant Feedback Form</u> is a voluntary assessment that is designed to be printed and distributed after the exercise to participants for their individual feedback on the exercise. Exercise facilitators / planners, please collect all completed forms, scan and submit to <u>2016CDCVIP@cdc.gov</u> by 9/15/2016. All collected data will be shared in aggregate during the HHS Region VI VTTX Follow-up Meeting on Sept 29, 2016. It is estimated that completion of this assessment will take no longer than 10 minutes.

***Please note that question #4 needs to be edited to reference your state's specific plan before distribution to participants.

EXERCISE PARTICIPANT FEEDBACK FORM (Appendix B)

1. Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor		rongly sagree		Stron Agr	
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
The multimedia presentation helped the participants understand and become engaged in the scenario.	1	2	3	4	5
The facilitator(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.	1	2	3	4	5
The Situation Manual used during the exercise was a valuable tool throughout the exercise.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5

2.	What organization are you representing in the exercise?

3. How many virtual exercises have you participated in before today's exercise?

Zero	One to Two	Three or More

4. How familiar are you with [Insert Specific State] Plan?

Barely Familiar	Somewhat Familiar	Well Versed	Helped Write It

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

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

Training	Completed Prior to Exercise? (Y/N)
6. Which exercise materials were most useful? Please identify a resources that would be useful.	any additional materials or
7. Please provide any recommendations on how this exercise or improved or enhanced.	r future exercises could be

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