



Exercise Evaluation And Needs Assessment

Instructions for completion:

- The Exercise Evaluation Worksheet for each orientation/planning workshop, tabletop evaluation **OR** the full-scale evaluation, must be completed, signed and submitted for reimbursement.
- The needs assessment must be completed for each building, signed and submitted with that buildings vulnerability assessment for reimbursement.



Exercise Evaluation Worksheet

Full Scale Exercise

Full Scale Exercise (in conjunction with emergency response community)

1. Was the goal (purpose) of the exercise accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the exercise scenario plausible and realistic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the exercise have the appropriate school and community personnel participating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the exercise well structured and organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the simulation cell provide an active portrayal of non-field operations resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was ICS implemented and did the ICS coordinate and cooperate well as a team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were the majority of the emergency management functions tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the functional objectives of the ICS met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was there a player critique conducted after the exercise to discuss resulting problems or issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was the hazard (CBRNE) awareness enhanced by this exercise activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to any of the above questions, please provide an explanation below.

Name of Submitter (printed)

Signature of Submitter

Date:



Needs Assessment Worksheet

District Name

County

Building Name

Building Number

Needs Assessment

List your top three (3) training needs and top three (3) equipment needs **based on results of your vulnerability assessment** and your top three (3) training needs and top three (3) equipment needs based on **results of your exercise** (these may be the same). Listed items should provide solutions to identified shortfalls or gaps identified in the assessing/training process.

Vulnerability Assessment

Training
(1)

Equipment
(1)

(2)

(2)

(3)

(3)

Exercise

Training
(1)

Equipment
(1)

(2)

(2)

(3)

(3)

Name of Submitter (printed)

Signature of Submitter

Date: