Participant Feedback Form

Exercise Name: **Project Phoenix 2.0: The Recovery**  
Exercise Date: ________________

Exercise Type: **Tabletop**

Participant Name (Optional): ____________________________________________

Organization: __________________________________________________________

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**Participant Demographics**

What role did you play in the exercise?  
☐ Player  ☐ Evaluator  ☐ Observer  ☐ Other

If other, what was your role? ____________________________________________

Did you receive training or have experience in this role prior to the exercise?  
☐ Yes  ☐ No

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**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**.

**Assessment Factor**

a. During this exercise we discussed how to return economic and business activities (including food and agriculture) to a healthy state and how to develop new business and employment opportunities that result in an economically viable community.

Strongly Disagree 1  Disagree 2  Neutral 3  Agree 4  Strongly Agree 5

b. The exercise increased my understanding of small business and business organizations and how local governments respond to hurricanes and how recovery proceeds.

1  2  3  4  5
c. The exercise has improved communications between local governments and the business community.

d. This exercise increased the understanding of emergency managers of the problems facing small businesses in a major hurricane.

e. This exercise allowed me to identify areas of improvement.

f. Overall, I was satisfied with the exercise.

Participant Feedback

Observations and Recommended Actions

Please record two or more strengths or areas of improvement you observed in the exercise. Also, provide a corresponding recommendation to enhance or correct that observation i.e. planning, policies, training, personnel, equipment, etc.

Observation: ____________________________

Recommendation: ________________________

Observation: ____________________________

Recommendation: ________________________

Observation: ____________________________

Recommendation: ________________________

What changes would you make to improve this exercise and what actions would you recommend implementing them?

Please provide recommended actions on how this exercise or future exercises could be improved or enhanced.