

Exercise Facilitation Assessment Form

Instructor Name/initials: \_\_\_\_\_ Course #: \_\_\_\_\_

Course being assessed: \_\_\_\_\_ Exercise Name: \_\_\_\_\_

Evaluator Name/Initials: \_\_\_\_\_ Date of assessment: \_\_\_\_\_

<div><div><div>PREPARATION FOR EXERCISE</div><div><div>1. Ensure the space was set up appropriately?</div><div>2. Ensure training aids were available?</div><div>3. Ensure working materials were available?</div><div>4. Clearly articulate exercise objectives?</div><div>5. Answer all questions before commencing?</div></div></div></div>	<div><div>Comments</div></div>
<div><div><div>CONDUCT OF EXERCISE</div><div><div>1. Answer questions and clarify?</div><div>2. Spend appropriate time with each candidate?</div><div>3. Ensure all activities were doctrinally sound?</div><div>4. Invisibly “guide” towards a successful outcome?</div><div>5. Ensure all candidates were participating?</div></div></div></div>	<div><div>Comments</div></div>

EXERCISE CONCLUSION	Comments
1. End the exercise at the appropriate time? 2. Return the room to original state? 3. Conduct a hotwash? 4. Tie outcome of exercise to original objectives? 5. Finalize any post-exercise administration? 6. Tie exercise to larger EM outcomes? 7. Re-motivate participants?	

Meets observable training standard

Did not meet observable training standard

By signing this assessment, you as the instructor are acknowledging the result of your assessment by the monitor.

X

Instructor Signature

X

Evaluator Signature