



WISCONSIN EMERGENCY MANAGEMENT

Sign-In Sheet

COUNTY: _____ TYPE OF EXERCISE: _____

EXERCISE OFFICER: _____ LOCATION: _____

DATE: _____

	Name	Agency/Department	Phone Number
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WISCONSIN EMERGENCY MANAGEMENT

Participant Feedback Form

Your feedback on the success and shortcomings of this tabletop/functional exercise is very valuable as we continue to increase preparedness at the local level. Please take a few minutes to complete this evaluation.

Please circle the number in the column that best describes whether you strongly disagree, disagree, agree, or strongly agree with each statement.

		Strongly Disagree			Strongly Agree	
a.	The exercise was well structured and organized.	1	2	3	4	5
b.	The exercise scenario was plausible and realistic.	1	2	3	4	5
c.	The facilitator/controller(s) was knowledgeable about the area of play and kept the exercise on target.	1	2	3	4	5
d.	The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5
e.	Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
f.	The participants included the right people in terms of level and variety of disciplines.	1	2	3	4	5
g.	This exercise allowed my agency/jurisdiction to practice and improve priority capabilities.	1	2	3	4	5
h.	After this exercise I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.	1	2	3	4	5

For any of the above statements that you disagreed or strongly disagreed with, please provide input on how those areas could be improved.

1. Based on the exercise today, what were the top 3 strengths?

2. Based on the exercise today, what were 3 areas that needed improvement?

3. List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised or developed. Indicate the priority level for each.

Please complete this form prior to checking out for the day and turn it into an evaluator.



WISCONSIN EMERGENCY MANAGEMENT **VOLUNTEER SIGN-IN SHEET**

LOCAL UNIT OF GOVERNMENT EMERGENCY MANAGEMENT PROGRAM: _____

DATE VOLUNTEER SERVICE PROVIDED: _____

NAME OF VOLUNTEER	PERMANENT ADDRESS	BIRTH DATE	TASK ASSIGNED	WORK LOCATION	TIME IN	TIME OUT



WISCONSIN EMERGENCY MANAGEMENT **PARENT OR GUARDIAN'S CONSENT FORM**

For your minor child to participate in an emergency management training exercise, your consent is required in advance for your child to participate in this exercise.

I am the parent or legal guardian of _____
 ("Minor") who is under 18 years of age. I hereby consent to Minor's attendance and participation in an emergency management training exercise to be held on [insert date] _____ at [insert location] _____. I am aware that the Minor will be performing specific tasks and activities to include [insert tasks and activities] : _____.

By my signature below as the Parent or Legal Guardian, I hereby give my permission to allow the Minor to attend and participate in this emergency management training exercise without any restrictions or limitations.

 Signature of Parent or Legal Guardian

 Date

 Printed Name of Parent or Legal Guardian

Address of Parent / Legal Guardian: _____

Telephone # of Parent / Legal Guardian: _____

Emergency Contact & Phone Number: _____