



Cybersecurity and
Infrastructure Security Agency
Exercise Feedback Form

Name

Organization/Company Name

E-Mail Address

Date of Exercise

Exercise Name

What classification best describes your organization?

Private Sector

State/Local Govt.

Tribal

Territorial

Federal Govt.

Other

Have you Implemented any of the action items identified from the exercise?

Yes

No

Planning to Implement

What were you most satisfied with?

What were you least satisfied with?

Did our product or service meet your expectations?

Yes

No

Additional comments

On a scale of 1-5 (1 being the least satisfied and 5 being the most) please rank the below:

	1	2	3	4	5
Did you find the exercise useful?					
Do you believe the exercise enhanced your organization's resiliency?					
Was the exercise team professional and working towards your needs?					
Would you recommend the exercise program to your partners?					
How likely are you to request another exercise from DHS ISD?					

Please evaluate the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information received through this activity or product was current and relevant					
The information received through this activity or product will effectively inform my decision making regarding safety and security risk mitigation and resilience enhancements					
I will encourage my agency/ organization to incorporate information I learned through this activity or product into our safety, security, or resilience practices					

Please submit this form to: CISA.Exercises@cisa.dhs.gov