|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objectives with related tasks** | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
|  |  |  |  |  |

**Strengths Identified**

|  |
| --- |
| 1. |
| 2. |
| 3. |

**Areas for Improvement**

|  |
| --- |
| 1. |
| 2. |
| 3. |

**Improvement Plan**

|  |  |  |
| --- | --- | --- |
| **Tasks to Accomplish** | **Accomplish by: (Date)** | **Responsible Person** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
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|  |  |  |
|  |  |  |

**Exercise Type: Tabletop, Functional, or Full-Scale (circle one)**