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| **AFTER ACTION REPORT - IMPROVEMENT PLAN** |
| **Campus:** | Name of Campus |
| **Department:** | Name of Department |
| **Exercise Type:** |  |
| **Scenario:** |  |
| **Date of Exercise:** | Date |

**Administrative Handling Instructions:**

The information gathered in this AAR/IP is For Official Use Only for the Continuity of Operations (COOP) program. Completion of this document is the final step in receiving credit for your exercise. This document will be disseminated only on a need-to-know basis. This AAR/IP was prepared by \_\_\_\_\_\_\_\_\_.

**Exercise Point of Contact:**

Name
Title
Campus, Department
Address
Address
Phone Number
Email Address

**Summary:**

* Insert summary

**Participants:**

|  |  |  |
| --- | --- | --- |
| **Players** | **Facilitators** | **Evaluators and Observers** |
|  |  |  |
|  |  |  |

**Objectives (if applicable):**

* Insert objectives

**Service Plans Tested (If training) (Total ##):**

* Insert service plan name

**Scenario Summary:**

* Insert scenario summary

**Major Strengths:**

* Insert major strengths

**Primary Areas for Improvement:**

* Insert primary areas of improvement

**Improvement Plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Improvement** | **Correction Action** | **Responsible Party** | **Completion Date** |
|  |  |  |  |
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|  |  |  |  |