

Name: _____



Feedback Form – Score Sheet

This form is a simplified feedback form only using a score between 0-10 to measure your experience. A score of 10 is that you fully agree with the statement, and a score of 0 is that you totally disagree.

The gameplay

I think the game was fun to play and I learned something new

1	2	3	4	5	6	7	8	9	10
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I think that this gameplay helped me gain some hands-on practice on Incident response

1	2	3	4	5	6	7	8	9	10
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Teamwork and communication

I think we communicated well during the gameplay

1	2	3	4	5	6	7	8	9	10
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I think that we all showed what we were capable of doing during the gameplay

1	2	3	4	5	6	7	8	9	10
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More feedback

Please write some more extended feedback or comments here if you have any (flip the sheet if there is not enough room):

Information:

This form is individual and can be filled out as an anonymous form if that is desirable. The intention for this form is to give the organization feedback on the gameplay itself and on the experiences that was made. By reviewing the game, alterations can be made if needed. Both for the next gameplay and for the organization