

Curriculum After Action Report (CAAR)

Title of Training:

Date:

Time:

Simulator Type / Equipment Used:

Training	Yes/No	Comments
Did the SME possess the required knowledge of the scenario(s)?		Recommendation:
Were learning objectives met during the training?		Recommendation:
Were the students actively engaged with the scenario(s)?		Recommendation:
Was an effective pre-brief and orientation conducted?		Recommendation:
Was an effective debrief conducted?		Recommendation:
Are changes required in the future to improve the training?		Recommendation:
Were there any interruptions or distractors during the training?		Recommendation:

Staffing	Yes/No	Comments
Was there ample number of staff to assist with the training?		Recommendation:
Did assigned staff fulfill their roles and responsibilities?		Recommendation:

Did assigned staff deviate from the scenario or CDP? If so, why?		Recommendation:
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Equipment	Yes/No	Comments
Did equipment function properly? If not, why and what can be done to resolve the issue in the future? How was it resolved?		. Recommendation:
Are repairs needed? If so, what was done to mitigate the issue?		Recommendation:
Were new equipment needs identified or recommended?		Recommendation:
Were there any issues with setup?		Recommendation:
Were all equipment and consumables needed readily available? If not, why? What was done to mitigate?		Recommendation:

Overall Rating of the Training (please indicate Poor, Satisfactory or Excellent):

Program Director and Proctor(s) names:

SHAPE

Staff Members:

Additional Comments/Concerns:

Feedback from Program Director and/or Proctors: