

After Action Report

Squadro	on Information					
Unit:	Unit POC:					
Event I	nformation					
Date:	Time:	Duration:		Number o	f Attendees	:
Please lis	t how many members, if any, o	lid not participate ।	under tl	ne correspo	onding reaso	ons below.
	Chose not to participate Personal conflict	Duty-related Other	l conflict	t		
Please ma	ark the appropriate response.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The progra	am was successful.					
We would	participate in this type of program	again.				
Staff found	d the program easy to implement.					
Participan	ts found the program enjoyable.					
Describe	how the event was markete	d/advertised to s	quadro	n/unit me	embers:	
What les	sons were learned and what	recommendation	s do yo	u have fo	r future ev	ent planning
Feedbac	k/comments from squadron/	unit members tha	at atter	nded even	t:	
Squadroi	n POC and/or Squadron Com	mand feedback:				