City of Glen Rose Events After Action Review (AAR) Form

EVENT DETAILS

Event Name: [completed by staff]

Event Date: [completed by staff]

Primary Objective: [completed by staff – ensure the objective is MEASURABLE]

Secondary Objective: [completed by staff – ensure the objective is MEASURABLE]

EVENT SUMMARY

Overview: [completed by staff]

Key Activities: [completed by staff]

~ Attendance: [completed by staff]

AFTER ACTION REVIEW DETAILS

AAR Form Completed By: [insert name of person completing this form]

AAR Meeting Date: [completed by staff – insert date of meeting]

User Instructions:

The sections below may be filled out prior to the AAR, during the AAR or a combination of both.

SUCCESS

What went well that we should make sure to include should the City repeat this or a similar-type event?

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What went well for this specific event that we should make sure to include in ALL future events?

OPPORTUNITIES

What didn't go well and what should the city do differently next time, should the City repeat this or a similar-type event?

What didn't go well and what should the city do differently next time for ALL City events?

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ADDITIONAL COMMENTS

What additional comments or take-aways do you have to share for future event success?

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