

AFTER-ACTION REPORT

| Facilitator: | | | | |
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| | | | | |
| Participants: | | | | |
| (attach roster if needed) | | | | |
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| Event: | | | | |
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| Location(s): | | | | |
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| Time/Date Review: | | | | |
| Discussion of: | | | | |
| 1. What was supposed to happen? | | | | |
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| 2. What actually happened? | | | | |
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| 3. Why were there of | differences? | | | |
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| 4. What can we lear | n? | | | |
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| Comments And/Or I | mmediate Follow Up | Actions (As Needed) | | |
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| What is to be shared/followed up? | Who is responsible for follow up? | How will that happen? | With whom will it be shared | |
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| What happens next? | |
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