

ESCORT'S ASSESSMENT OF FIELD STUDIES PROGRAM ACTIVITY

NAME OF SENIOR ESCORT:	NAME OF COMMAND:
DATE OF ACTIVITY:	NUMBER OF INTERNATIONAL STUDENTS PARTICIPATING:
COUNTRIES REPRESENTED:	
FSP TOPIC(S):	DID EACH INTERNATIONAL STUDENT RECEIVE A PRE-BRIEF CONCERNING THIS EVENT? YES _____ NO _____ (EXPLAIN IN RMKS)
DID EACH STUDENT RECEIVE AN FSP EVENT INFORMATION SHEET(S) CONCERNING THIS ACTIVITY? YES _____ NO _____ (EXPLAIN IN RMKS)	DID EACH STUDENT COMPLETE AN FSP EVENT EVALUATION SHEET FOLLOWING THIS ACTIVITY? YES _____ NO _____ (EXPLAIN IN RMKS)
WERE THE ARTICLES UNDER THE UNIVERSAL DECLARATION OF HUMAN RIGHTS PERTAINING TO THIS ACTIVITY IN BLOCK 5 OF THE FSP EVENT LESSON PLAN(S) ADEQUATELY COVERED DURING THIS EVENT? YES _____ NO _____ (EXPLAIN IN RMKS)	DID THIS ACTIVITY CLEARLY SUPPORT THE FSP AREAS OF EMPHASIS AS OUTLINED IN BLOCK 6 OF THE FSP EVENT LESSON PLAN(S)? YES _____ NO _____ (EXPLAIN IN RMKS)
DID EACH INTERNATIONAL STUDENT RECEIVE A DEBRIEF REEMPHASIZING THE OBJECTIVE(S) OF THE EVENT? YES _____ NO _____ (EXPLAIN IN RMKS)	NOTE: THE BRIEF SHOULD BE GIVEN IMMEDIATELY PRIOR TO THE STUDENT COMPLETING THE FSP EVENT EVALUATION SHEET FOLLOWING THE ACTIVITY BY REEMPHASIZING THE DECLARATION OF H.R. ARTICLES LISTED IN THE APPLICABLE LESSON PLAN(S).
RATE THE EVENT: (CHECK WHICH ONE APPLIES) OUTSTANDING _____ ABOVE AVERAGE _____ AVERAGE _____ BELOW AVERAGE _____ POOR _____	
REMARKS: (PROVIDE AN ASSESMENT OF THIS EVENT, IF MORE SPACE IS NEEDED, CONTINUE ON REVERSE)	

NOTE: This assessment should be completed by the senior escort on the first day of duty following completion of each Field Studies Program activity.