**Approval Date:**

**References :**

1. SCSG After Action Report
2. Mission Orders Number *<Located in the top left hand side of training schedule>*

**SUBJECT**:   After Action Report for

**DATE**:  **DD MON YY**

1. **BASE DATA:**

Type of Mission/Activity: Name of class

SAD or UTA Orders Number: Use drill number located in left hand corner of drill schedule

Inclusive Dates: DD MON YY – DD MON YY

Location:

Performed for:

Unit Performing Mission:

Rank, name, and contact information including email address of the commanding officer or agency supervisor that approved this practicum:

1. **OPERATIONS:**

**Operation Summary**:

Significant events:

* Overall:
* No injuries reported
1. **Overall Assessment:**

Evaluation of Mission Essential Task List (METL) events experienced or trained on during the mission/activity:

Communication Effectiveness:

Overall Strengths:

Overall Weaknesses:

*

Other comments:

Overall mission/activity assessment:

Prepared by:

Name and Rank

Unit and Position

Reviewed By:

Name and rank

Unit and Position   Company/Battalion/Brigade

**Roster**

<Whom ever is in the class or exercise>

**END REPORT**