Screening Criteria Feedback Form

Name: _____ **Affiliation:** _____ **Email:** _____

Read through the following criteria topics below and rate them by relative level of importance. You can select up to two for each column: (up to two for *Less Important*, up to two for *Important* and up to two for *More Important*). Mark your choices with an X, and provide comments, if any, below.

Criteria Topic	Less Important (select up to two)	Important (select up to two)	More Important (select up to two)
Seismic Resiliency			
Emergency Response			
Multi-modal Needs			
Consistency with Emergency Plans			
Long-term Functionality			
Other:_____			
Other:_____			

Comments (if any):

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