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| **Identification** | | | |
| **Project ID:** |  | **Phase:** | Closeout |
| **Version:** |  | **Date:** |  |
| **Project Manager:** |  | | |

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| **Performance Ratings** |
| *Please answer and rate the impact of each question. Ratings are based upon how much each question affected the project.* |
| **Project Team** |
| *Recommended areas to comment on are organization, staffing, experience, communication, and effectiveness, however, other areas can be commented on as well.* |
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| **Project Planning** |
| *Recommended areas to comment on are schedule, stakeholder participation, requirements, budget, & scope. However, other areas can be commented on as well.* |
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| **Project Management** |
| *Recommended areas to comment on are management’s ability to follow planning, leadership, & process control. However, other areas can be commented on as well.* |
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| **Project Execution** |
| *Recommended areas to comment on are quality, functionality, projects ability to meet requirements, and execution effectiveness. However, other areas can be commented on as well.* |
|  |
| **Documentation** |
| *Recommended areas to comment on are clarity, properness, completeness, and helpfulness to the project. However, other areas can be commented on as well.* |
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