|  |  |  |
| --- | --- | --- |
|  | Project Name & Number: |  |
| Description: |  |
| Project Manager: |  |
| Project Sponsor: |  |
| Date: |  |

**Project Post-mortem Questionnaire**

Please answer the following questions and return to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ no later than 4:30 pm on \_\_\_\_\_\_\_\_\_\_\_\_\_\_. The responses will be compiled and reviewed at the Post-mortem Meeting scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Functional Unit:

Contact:

---------------------------------------------------------------------------------------------------------------------

# General:

|  |  |
| --- | --- |
| * 1. What things did you think went well on the project?
 |  |
| * 1. What was the single most frustrating part of the project?
 |  |
| * 1. How would you do things differently next time to avoid this frustration?
 |  |
| * 1. Were there any other issues/changes that should be considered? Please offer suggestions for methods of improvement.
 |  |

# Success Criteria:

What rating would you give for each of the success criteria defined in the Project Charter? (Indicate as a percentage).

 Exceed: 85-100% Met: 60-85% Not Met: 0-60%

|  |  |
| --- | --- |
| Success Criteria #1 |  |
| Success Criteria #2 |  |
| Success Criteria #3 |  |
| Success Criteria #4 |  |

# Project Management & Scheduling:

|  |  |
| --- | --- |
| * 1. Were the goals of the project clear to you?
 |  |
| * 1. How complete do you think the planning was before the actual commencement of work? What could have been improved?
 |  |
| * 1. Was the schedule realistic?
 |  |
| * 1. Was the schedule detailed enough?
 |  |
| * 1. What were the biggest obstacles to meeting the scheduled dates/milestones?
 |  |

# Resources:

|  |  |
| --- | --- |
| * 1. Were there enough resources assigned to the project, given the schedule constraints? If no, where could there have been more resources assigned?
 |  |
| * 1. Was there sufficient time for working on this project in addition to your day-to-day job? How could this be improved?
 |  |

# Testing:

|  |  |
| --- | --- |
| * 1. Was the Test Plan sufficient in identifying potential problems?
 |  |
| * 1. Was the process for reporting problems clear, easy to follow, and efficient? If not, what improvements would you recommend?
 |  |
| * 1. Were issues dealt with and resolved in a timely and satisfactory way? Were you satisfied with the level of technical support received?
 |  |

# Communication:

|  |  |
| --- | --- |
| * 1. Was project communication handled efficiently and effectively in disseminating information and directives? If not, how could it be improved?
 |  |
| * 1. Were there enough team meetings, and were they useful?
 |  |
| * 1. Were there other forms of communication that would have been helpful?
 |  |

# Team/Organization:

|  |  |
| --- | --- |
| * 1. Did you have all of the information needed to do your job? Were the roles and responsibilities well defined and communicated?
 |  |
| * 1. Did you think the team worked well together?
 |  |
| * 1. Were there other groups/individuals that should have been a part of the project team? If so, please specify.
 |  |
| * 1. What would you do to make the project team more effective? What project team organization changes would you recommend?
 |  |

Other Comments on the Project: