

Questionnaire Form for Project

Project Title: _____

Project Manager's Name: _____

Date: _____

Participant Information

- Name: _____
- Role in Project: _____
- Organization: _____

Evaluation Questions

1. Were the project goals clearly defined?

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

2. Was the project timeline realistic?

- Yes
- No
- Somewhat

3. How effective was the communication throughout the project?

- Very Effective
- Effective
- Neutral
- Ineffective

4. What would you suggest to improve the project process?

○ _____

5. Overall, how would you rate the success of the project?

- **Very Successful**
- **Successful**
- **Average**
- **Below Average**

Final Comments

- _____
- _____
