**Questionnaire Form for Project**

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**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**

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