**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**

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