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## **PROJECT LESSONS-LEARNED CHECKLIST**

Project Name:	
Prepared by:	FUNCTIONAL VERSION
Date (MM/DD/YYYY):	TAIN THE FOLLS
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Use this Lessons Learned Checklist as an aid to understanding those factors that either helped or hindered your project.

- Best used in group discussion among those who have a stake in the project
- May be used anytime as an aid to discussion, or may be used during Project Close as a part of the Lessons Learned exercise

1. <u>F</u>	Project Lessons-Learned Checklist								
						Ir	npa	act	
No.	Lesson Learned	Yes	No	N/A	Lo	w			High
					1	2	3	4	5
Place	your cursor in the appropriate boxes and type an $oldsymbol{X}$ . (Insert additional r	rows as	needed.	)					
	<i>Yes</i> = the project team agrees with the statement								
	No = the project team does not agree with the statement $N/A =$ this statement does not apply to the project								
	$I_{MA}$ = this statement does not apply to the project $I_{mpact}$ = the extent to which this factor had an impact on your project	ect							
Add a	>comment to any question where supporting detail would be helpful								
Proje	ct Planning								
1.	Business Objectives were specific, measurable, attainable, results-focused and time-limited >	AL V	ERS	ON					
2.	Product concept was appropriate to Business Objectives >	VIS	1.						
3.	Project Plan and Schedule were well-documented, with appropriate structure and detail >								
4.	Project Schedule encompassed all aspects of the project >								
5.	Tasks were defined adequately >								
6.	Stakeholders (e.g., Sponsor, Customer) had appropriate input into the project planning process								
7.	Requirements were gathered to sufficient detail >								
8.	Requirements were documented clearly >	AL V	ERS	NO		-			
9.	Specifications were clear and well-documented >		-						
10.	Test Plan was adequate, understandable, and well- documented >	yrə L							
11.	External dependencies were identified, agreements signed >								
12.	Project budget was well defined >								

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1. P	roject Lessons-Learned Checklist							
No.	Lesson Learned	Yes	No	N/A	<i>Low</i>	Impa	Hig	gh 5
Place y	your cursor in the appropriate boxes and type an $old X$ . (Insert additional	rows as	needed	.)	<u> </u>			
Add a	<b>Yes</b> = the project team agrees with the statement <b>No</b> = the project team does not agree with the statement <b>N/A</b> = this statement does not apply to the project <b>Impact</b> = the extent to which this factor had an impact on your proj comment to any question where supporting detail would be helpful							
	>comment to any question where supporting detail would be helpful End of Phase Criteria were clear for all project phases >							
14.	Project Plan had buy-in from the stakeholders >							
	Stakeholders had easy access to Project Plan and Schedule							
Projec	ct Execution and Delivery	-	<u> </u>					
16.	Project stuck to its original goals >		-	1		1 1		
	Changes in direction that did occur were of manageable frequency and magnitude >	VIS L	1.1					
	Project baselines (Scope, Time, Cost, Quality) were well- managed (e.g., changed through a formal Change Control Process) >							
19.	Design changes were well-controlled >							
20.	Basic project management processes (e.g., Risk Management, Issue Management) were adequate >							
	Project tracked progress against baselines and reported accurate status >	AL V	ERS	ION				
22.	Procurement (e.g., RFP, Contract with vendor) went smoothly >	VIS	T:					
23.	Contracted vendor provided acceptable deliverables of appropriate quality, on time, and within budget >							
24.	Stakeholders were satisfied with the information they received >							
25.	The project had adequate Quality Control >							
26.	Requirements – specifications – Test Plan were well- managed (e.g., Requirements Management System was used) >		ERS	ION				
27.	Risks were manageable >	AL V						
Huma	in Factors							
28.	Project Manager reported to the appropriate part of the organization >							
29.	Project Manager was effective >		1					

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	Lesson Learned				Impact				
No.		Yes	No	N/A	Lo	r			Hig
					1	2	3	4	5
	your cursor in the appropriate boxes and type an X. (Insert additional Yes = the project team agrees with the statement No = the project team does not agree with the statement N/A = this statement does not apply to the project Impact = the extent to which this factor had an impact on your proj	ject	needed.	.)					
	<i>scomment to any question where supporting detail would be helpful</i>					1			
30.	Project Team was properly organized and staffed >								
31.	Project Manager and staff received adequate training >								
32.	Project Team's talent and experience were adequate >								
33.	Project team worked effectively on project goals >	<b>.</b>							
34.	Project team worked effectively with outside entities >	AL V	FKD	014		-			
35.	There was good communication within the Project Team >	VIS	11						
36.	Management gave this project adequate attention and time >								
37.	Resources were not over-committed >					1			
38.	Resources were consistently committed to project aims >								
39.	Functional areas cooperated well >								
40.	Conflicting departmental goals did not cause problems >								
41.	Authority and accountability were well defined and public >								
Over	all	+	,						
42.	Initial cost and schedule estimates were accurate >	<b>NH</b>							
43.	Product was delivered within amended schedule >	VIS	1.1						
44.	Product was delivered within amended budget >								
45.	Overall Change Control was effective >					1			
46.	External dependencies were understood and well-managed >								
47.	Technology chosen was appropriate >								
48.	The project was a technological success >								
49.	Customer's needs/requirements were met >								
50.	Customer was satisfied with the product >	AL V	ERS	OR		- -			
51.	Project Objectives were met >	VIS	11						
52.	Business Objectives were met >								

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2. Project Less	ons-Learned Checklist –	Agreement Form / Sig	gnatures
Project Name:	C A MP	LE	
Project Manager:	J A MT	NCTIONAL VERSIO	N
I have reviewed the info	ormation contained in this Project Lesso	ns-Learned Checklist and agree:	
Name	Title	Signature	Date (MM/DD/YYYY)
	4.000		

The signatures above indicate an understanding of the purpose and content of this document by those signing it. By signing this document, they agree to this as the formal Project Lessons-Learned Checklist.



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