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| **GEIC Partner Project Feedback Request Form** |
| **Your Name :**  | **Project :** | **Date :**  |
| **Company Name :** | **Project Code :** |
| **Please rate the following statements on a scale of 1 to 3, where 1 is strongly disagree, 2 is neither agree nor disagree, and 3 is strongly agree. If you feel unable to evaluate a particular statement, select N/A.** |
| **Statement** | **Rating** | **Comments** |
| 1 | The project value for money. | 3 | 2 | 1 | N/A |  |
| 2 | The Application Manager was open to suggestions and comments. | 3 | 2 | 1 | N/A |  |
| 3 | The Application Manager made ethical project decisions | 3 | 2 | 1 | N/A |  |
| 4 | The project was well managed by the Application Manager. | 3 | 2 | 1 | N/A |  |
| 5 | The project objectives were delivered. | 3 | 2 | 1 | N/A |  |
| 6 | The project was well supported by management. | 3 | 2 | 1 | N/A |  |
| 7 | The project meetings were effective. | 3 | 2 | 1 | N/A |  |
| 8 | We worked well together cross-functionally. | 3 | 2 | 1 | N/A |  |
| 9 | Our project management processes were effective. | 3 | 2 | 1 | N/A |  |
| 10 | Our technical execution strategies were effective. | 3 | 2 | 1 | N/A |  |
| 11 | The final report covered in detail the project summary. | 3 | 2 | 1 | N/A |  |
| **Please rate the following statements for each team member, including yourself, and the project manager. “o” represents the typical level for this team, “-” is below average for this team, and “+” is above average for this team.** |
| **Statement** | You | Project Manager |  |  |  |  |  |  |  |  |
| + | o | - | + | o | - | + | o | - | + | o | - | + | o | - | + | o | - | + | o | - | + | o | - | + | o | - | + | o | - |
| 1 | Well organized, and attends meetings on time. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Makes positive contributions to the overall project effort. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Displays technical competence. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Takes appropriate responsibility. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Works well under pressure. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Works well with stakeholders. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Communicates well with team members. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Produces high quality work. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comments : |
| What communications, organizational, or structural problems could have been avoided ? How ? |
| How could the estimating and planning processes have been improved ? |
| What would you like to see better documented, or better explained, when working on a project like this ? |
| What were the main challenges to the overall project schedule, from your perspective ? |
| What were the main challenges to the overall project quality, from your perspective ? |
| What were the main process bottlenecks ? |
| If we have to do a project like this again, what is the main thing you would like to see changed ? |
| Any other comments : |
| **Date Received :** | **Accepted by :** |
| **Additional Comments from GEIC Team :** |