Project Lessons-Learned Checklist Template
Rev. 1.1, 2/10/2005

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PROJECT LESSONS-LEARNED CHECKLIST

1. Project Lessons-Learned Checklist

	O - IIDI E
Project Name:	A WIP LL
Prepared by:	THE IN FUNCTIONAL VERSION
Date (MM/DD/YYYY):	TAIN THE PULL PLEASE VISITE

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

No.	Lesson Learned		No	N/A	Low				High
					1	2	3	4	5
Place	Place your cursor in the appropriate boxes and type an X . (Insert additional rows as needed.)								
	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	iect							
Add a	>comment to any question where supporting detail would be helpful								
Proje	ect Planning								
1.	Business Objectives were specific, measurable, attainable, results-focused and time-limited >	AL V	ERS	ION					
2.	Product concept was appropriate to Business Objectives >	VIS	L						
3.	Project Plan and Schedule were well-documented, with appropriate structure and detail >								
4.	Project Schedule encompassed all aspects of the project >								
5.	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 >	AT V	ERS	ION					
9.	Specifications were clear and well-documented >	40	-						
10.	Test Plan was adequate, understandable, and well-documented >	V15							
11.	External dependencies were identified, agreements signed >					/			
12.	Project budget was well defined >								

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No.	Lesson Learned	Yes	No	N/A	Lo			Hig		
					1	2	3	4		
	e 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 project Impact > comment to any question where supporting detail would be helpful	iect	needed.)						
13.	End of Phase Criteria were clear for all project phases >									
14.	Project Plan had buy-in from the stakeholders >									
15.	Stakeholders had easy access to Project Plan and Schedule >									
Proj	ect Execution and Delivery	1	Į.							
16.	Project stuck to its original goals >	- HC	7.1							
17.	Changes in direction that did occur were of manageable frequency and magnitude >	415	-							
18.	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 >									
21.	Project tracked progress against baselines and reported accurate status >	AL V	ERS	NO						
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 >					Ž				
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) >		EDS	ON						
27.	Risks were manageable >	AL V								
Hum	an Factors									
28.	Project Manager reported to the appropriate part of the									

Project Manager was effective >

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					Impact					
No.	Lesson Learned		No	N/A	Low High					
					1	2	3	4	5	
	Place your cursor in the appropriate boxes and type an X. (Insert additional rows as needed.) 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 project									
30.	comment to any question where supporting detail would be helpfulProject Team was properly organized and staffed >									
31.	Project Team was properly organized and staffed > Project Manager and staff received adequate training >									
32.										
33.	Project Team's talent and experience were adequate > Project team worked effectively on project goals >									
		A F M	FRS	HO						
34.	Project team worked effectively with outside entities >	AL Y								
35.	There was good communication within the Project Team >	VIS	A.							
36.	Management gave this project adequate attention and time >									
37.	Resources were not over-committed >					2				
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 >	W.	-							
43.	Product was delivered within amended schedule >	A12				-				
44.	Product was delivered within amended budget >									
45.	Overall Change Control was effective >					7				
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 >	-		ION						
50.	Customer was satisfied with the product >	AL V	ERS	014						
51.	Project Objectives were met >	VIS	Ti							
52.	Business Objectives were met >									

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2. Project Lessons-Learned Checklist – Agreement Form / Signatures											
Project Name:	C A M	PLE									
Project Manager:	J A IVI	UNCTIONAL VERSION									
I have reviewed the info	I have reviewed the information contained in this Project Lessons-Learned Checklist and agree:										
Name	Title	Signature	Date (MM/DD/YYYY)								
	1111111										

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.

