Post-Project Review Form Template

HiFlex Physio

Project Reference: _____

Project Title: _____ Date: _____

Summary of Project Objectives

Achievement of Planned Benefits

Benefits achieved:

Benefits not achieved:

Incorrect assumptions and common factors affecting benefits realisation:

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Time

Tasks exceeding time estimates:

Tasks taking less than estimated time:

Incorrect assumptions and common factors affecting time estimates:

Costs

Costs exceeding estimates:

Incorrect assumptions and common factors affecting cost estimates:

Quality

Outputs that met or exceeded user requirements:

Tasks taking less than estimated time:

Incorrect assumptions and common factors affecting time estimates:

Lessons Learned

Give details of any unexpected outcomes of the project (positive or negative):

Give details of any lessons learned as a result of the project:

Recommendations

Give details of any recommendation for action in relation to this project:

Give details of any recommendations for action in relation to future projects: