***Directions:*** *Meet with the Sponsor and key stakeholders to complete the tables below.*

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| **Project Information** |
| **Project Title** |  |
| **Project Manager** |  |
| **Sponsor** |  |
| **Creation Date** |  | **Revision Date** |  |
| **Created By** | *List all contributors* |

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| **Project Performance Report** |
| **Performance Criteria** | **Yes** | **No** | **Comments** |
| Were the project objectives met? |  |  |  |
| Was the project delivered within budget? |  |  |  |
| Was the project delivered on time? |  |  |  |
| Other |  |  |  |

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| **Lessons Learned** |
| **Lessons Learned** | **Yes** | **No** | **Comments** |
| Was the Sponsor satisfied with the end product (results of the project)? |  |  |  |
| Were all project risks identified and mitigated? |  |  |  |
| Were there bottlenecks or hurdles that impacted the project? |  |  |  |
| Did the project management methodology work? |  |  |  |
| Other |  |  |  |

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| **Project Satisfaction Survey** |
| **Deliverable** | **Rating****1 - 5****Poor Excellent** | **Comments** |
| How satisfied are you with the knowledge, skills, ability, and experience of the ITS staff? |  |  |
| How satisfied are you with the effectiveness of the working relationships you have with ITS staff? |  |  |
| How would you rate the communication provided by ITS during your project? |  |  |
| Please rate the overall ITS quality of service for this project. |  |  |
| Other (please specify) |  |  |

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| **Project Closure Checklist** |
| **Deliverable** | **Yes** | **No** | **Comments** |
| 3rd party contracts have been closed out |  |  |  |
| Project procurements have been closed out |  |  |  |
| All impacted accounts have been reconciled |  |  |  |
| Project documentation and all project artifacts have been archived with the PMO |  |  |  |

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| --- | --- |
| **Formal Acceptance of Project Closure** |  |
| **Role** | **Signature** | **Date** |
| **Prepared by** | (Project Manager) |  |
| **Approved by** | (Sponsor) |  |
| **Accepted by** | (CIO) |  |