



# District 7 Project Assessment

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Chapter: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

Performance to Budget:     Excellent                       Fair                       Poor

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Performance to Schedule:     Excellent                       Fair                       Poor

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Performance to Assessment Criteria:     Excellent                       Fair                       Poor

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What would you change to improve this project?

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Person Filling Out Form: \_\_\_\_\_

Chapter Office: \_\_\_\_\_ Date: \_\_\_\_\_