

PROJECT PARTNERING SURVEY

Project Partnering Evaluation Meeting Date: _____

Your title on the project: _____

Name:	Company:
ECMS #:	SR & SEC:

Please indicate your level of satisfaction for each question (On a Scale from 1-5)

Question: _____ Suggestions for improvement: _____	
Question: _____ Suggestions for improvement: _____	
Question: _____ Suggestions for improvement: _____	
Question: _____ Suggestions for improvement: _____	
Question: _____ Suggestions for improvement: _____	
Question: _____ Suggestions for improvement: _____	

Average Score	
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What, if anything, caused a change in your rating from the last survey?

What do you see as the biggest risk/challenge in the upcoming month?
