

Deliverable Quality Assessment Form

Deliverable Name:

Project Name:

Submission Date:

Assessed By:

Quality Criteria

Criteria	Assessment	Comments
Completeness	<input type="text"/>	<input type="text"/>
Accuracy	<input type="text"/>	<input type="text"/>
Clarity	<input type="text"/>	<input type="text"/>
Timeliness	<input type="text"/>	<input type="text"/>

Overall Comments:

Submit Assessment