# MONTHLY REPORT

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| NAME: |  | |  | DATE CREATED: |  |
| FOR THE MONTH OF: | |  |  | PROJECT NAME: |  |

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| MONTHLY CHECKLIST: |

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| 1. Has the scope of the project changed since the last report? |  | Yes | No |
| 1. Do you anticipate any deadlines being missed? |  | Yes | No |
| 1. Are there any issues you would like to bring to management’s attention? |  | Yes | No |
| 1. Does your team have the resources it needs to complete the project? |  | Yes | No |

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| --- |
| COMPLETED |
|  |

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| --- |
| IN PROGRESS |
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| --- |
| ASSIGNED/NOT STARTED |
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