
Project
Title

Date of
Submission




Project objectives	Project scope
Project resources	People and factors on which the project is dependent
Key stakeholders of the project	Issues to be resolved

Signed by _____
Project Leader

Project Status Summary

Project Title

TRAFFIC LIGHT *please tick as appropriate*

	Significant variation	
	Recoverable delay	
	On track	

Milestone dates due in next two weeks/month	Current milestone

Progress in the past two weeks/month	Key actions for the next two weeks/month
Problems or delays	Proposed solutions

Signed _____

Project Leader

Name _____

Date

Please

complete this form by hand - only bullet points required