



Business Go-live Readiness Assessment

<project name> Project

Please download and save a copy of this survey to your personal home drive/file storage area. Email the completed survey to <username@foundationsconsulting.com.au>. Please contact the project team if you have any questions.

Department:	
Business Unit:	
Staff Level:	
Your Name (optional):	
Date:	16/12/2009

Your candid responses to the following items will provide valuable feedback to the project team and Project Steering Committee, in determining the overall readiness of the business to ‘go-live’ with the changes being introduced by this project.

For each item, please select the appropriate check box:

Go-live Readiness Question	Not At All 1.	Only Slightly 2.	Neutral/No Opinion 3.	For The Most Part 4.	Very Much So 5.
1. I have a clear understanding of what changes the project will introduce to the workplace and how it will affect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a clear understanding of the intended benefits this project is seeking to deliver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During the project I have had the opportunity (directly and/or indirectly via my manager/colleagues) to be involved, provide contributions and voice any concerns on key matters that affect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am confident the training has given me the new skills & knowledge I need to adopt the changes and do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am aware of the different elements of support that will be available to me, if I am unsure or need assistance during the go-live period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am confident that the project has addressed all the critical components to enable me to successfully adopt the changes and do my job effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, please identify what you feel still needs to be addressed:					
7. Do you feel your direct supervisor/manager is sufficiently informed, prepared & supportive of the changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you sense your co-workers are ready to make the changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I know where to go and who to ask to find more information about the changes and project generally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall, I feel well informed & prepared to work effectively with the new changes being introduced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Any further comments/suggestions for the project to consider as part of final preparations for the 'go-live' period?

Thank-you for your feedback