

Legal Project Management Skills – Self Assessment

Please fill in this form by assessing your competence in each area listed AND provide summary evidence supporting your assessment for each skill.



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Competence Assessment – Project Delivery	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Scoping – what the project covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Estimating – how long project tasks will take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Risk Management – Identifying & mitigating risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Scheduling – sequencing of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Monitoring – work done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					

Competence Assessment – Project Delivery	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Monitoring – costs incurred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Change Control – record keeping & sign-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Post Project Completion Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					

Competence Assessment – Interpersonal Skills	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Project Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Teamworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					

Competence Assessment – Interpersonal Skills	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Communications – with 3 rd parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Conflict Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Delegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Influencing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Negotiating Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					
Effective use of LPM tools, templates & IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence supporting assessment					

Project Management Skills – Self Assessment

Now please provide an overall assessment of your legal project management capability and suggest how you may be able to improve.



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Overall assessment of legal project management capability:
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What do I want/need to learn?	What will I do to achieve this?	What resources or support will I need?	What will my success criteria be?	Target dates for review and completion.

Name: _____ Date: _____ Position: _____

Supervisor Name: _____ Date: _____ Position: _____