Responses cannot be edited

Story Test Results

The following form is used as a check list and feedback form for testing finished user stories

Name of Tester *

Jessica Cockett

What Story is being tested (eg Story 10) *

Story 8

How many Tasks were completed *

5   ⌄

If more than 6 please write how many tasks were required for that story.

Are there any tasks that need to be finished/modified *

◯ Yes

⦿ No

If the answer was yes to the question above please write which task(s) in the story need to be fixed.

Date of completion *

MM   DD   YYYY

05 / 30 / 2017

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Story Test Results

The following form is used as a check list and feedback form for testing finished user stories

Name of Tester *

Jessica Cockett

What Story is being tested (eg Story 10) *

Story 12

How many Tasks were completed *

6+ ▼

If more than 6 please write how many tasks were required for that story.

8

Are there any tasks that need to be finished/modified *

○ Yes

● No

If the answer was yes to the question above please write which task(s) in the story need to be fixed.

Date of completion *

MM   DD   YYYY

05 / 30 / 2017

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Responses cannot be edited

Story Test Results

The following form is used as a check list and feedback form for testing finished user stories

Name of Tester *

Jessica Cockett

What Story is being tested (eg Story 10) *

Story 7

How many Tasks were completed *

5 ▼

If more than 6 please write how many tasks were required for that story.

Are there any tasks that need to be finished/modified *

○ Yes

◉ No

If the answer was yes to the question above please write which task(s) in the story need to be fixed.

Date of completion *

MM   DD   YYYY

05 / 30 / 2017

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Story Test Results

The following form is used as a check list and feedback form for testing finished user stories

Name of Tester *

Hudson Kennan

What Story is being tested (eg Story 10) *

Story 11

How many Tasks were completed *

6+ ▼

If more than 6 please write how many tasks were required for that story.

7

Are there any tasks that need to be finished/modified *

◯ Yes

⦿ No

If the answer was yes to the question above please write which task(s) in the story need to be fixed.

Date of completion *

MM   DD   YYYY

06 / 01 / 2017

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Responses cannot be edited

Story Test Results

The following form is used as a check list and feedback form for testing finished user stories

Name of Tester *

Hudson Kennan

What Story is being tested (eg Story 10) *

Story 16

How many Tasks were completed *

3 ▾

If more than 6 please write how many tasks were required for that story.

Are there any tasks that need to be finished/modified *

◉ Yes

◯ No

If the answer was yes to the question above please write which task(s) in the story need to be fixed.

The contact form is completed but Doesn't submit to an imbox

Date of completion *

MM   DD   YYYY

06 / 01 / 2017

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Responses cannot be edited

Story Test Results

The following form is used as a check list and feedback form for testing finished user stories

Name of Tester *

Hudson Kennan

What Story is being tested (eg Story 10) *

Story 3 (Sprint 2)

How many Tasks were completed *

4 ▾

If more than 6 please write how many tasks were required for that story.

Are there any tasks that need to be finished/modified *

◉ Yes

◯ No

If the answer was yes to the question above please write which task(s) in the story need to be fixed.

The property management page does allow the user to add, delete and update entries in the data base, but it currently doesn't have any permissions to restrict who does it.

Date of completion *

MM   DD   YYYY

06 / 01 / 2017

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Responses cannot be edited

Story Test Results

The following form is used as a check list and feedback form for testing finished user stories

Name of Tester *

Hudson Kennan

What Story is being tested (eg Story 10) *

Story 18

How many Tasks were completed *

6+   ▾

If more than 6 please write how many tasks were required for that story.

8

Are there any tasks that need to be finished/modified *

○ Yes

◉ No

If the answer was yes to the question above please write which task(s) in the story need to be fixed.

Date of completion *

MM   DD   YYYY

06 / 01 / 2017

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Responses cannot be edited

Story Test Results

The following form is used as a check list and feedback form for testing finished user stories

Name of Tester *

Hudson Kennan

What Story is being tested (eg Story 10) *

Story 5 (sprint 2)

How many Tasks were completed *

4 ▾

If more than 6 please write how many tasks were required for that story.

Are there any tasks that need to be finished/modified *

◯ Yes

◉ No

If the answer was yes to the question above please write which task(s) in the story need to be fixed.

Date of completion *

MM   DD   YYYY

06 / 01 / 2017

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