

WEEKLY TEAM REVIEW REPORT

Date: _____

Team: _____

Project: _____

Meeting Duration: 1 hour

1. PROGRESS REVIEW

Completed Items

-

-

-

In Progress

-

-

-

Blocked Items

-

-

2. METRICS & KPIs

Sprint Velocity

- Planned Points: _____

- Completed Points: _____

- Completion Rate: _____

Quality Metrics

- Code Coverage: _____

- Bug Resolution Rate: _____

- Technical Debt Items Addressed: _____

3. TEAM HEALTH

Attendance

- Present: _____
- Absent: _____
- Remote: _____

Team Sentiment

- Morale Rating: _____
- Stress Level: _____
- Workload Balance: _____

4. RISKS & CONCERNS

Current Risks

1. _____
2. _____
3. _____

Mitigation Plans

1. _____
2. _____
3. _____

5. NEXT WEEK'S PRIORITIES

Focus Areas

1. _____
2. _____
3. _____

Resource Needs

1. _____

2.

6. ACTION ITEMS

Item	Owner	Due Date	

7. NOTES & COMMENTS

APPROVALS

Team Lead: _____

Date: _____

Project Manager: _____

Date: _____