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| **PROJECT NAME:** | **Cyber Incident Response Plan Objectives and Evaluation** | | |
| **STUDENT NAME:** | **Habib MUSTAFAWI** | | |
| **STUDENT ID:** | **102053200** | **WEEK #(& dates covered):** | **6** |

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| **1.TASKS ACHIEVED DURING THE LAST WEEK** | **TIME SPENT** |
| **Supervisor Meeting** | **0.5 Hours** |
| **SRS Document (Section 2.2 and 2.3 and 3)** | **1.5 Hours** |
| **Project-Specific Assessment Criteria** | **1 Hours** |
| **Mid-Semester Self/Peer Review** | **1 Hours** |
| **TOTAL WEEKLY TIME SPENT** | **4 Hours** |
| **2.TASKS TO COME** | **EXPECTED COMPLETION** |
| **Client Meeting in Week 7** | **Early Week 7** |
| **Continue Sprint 1 (F1 and F2 due end of Week 7** | **End of Week 7** |
| **Supervisor Mid-Semester Meeting** | **End of Week 7** |
| **3.ISSUES/PROBLEMS** |  |
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