

MSWE 607 Data collection form

Hours spent on each activity

Group _____ **Name** _____

Week	Major act. of week	Specs	Design	Code	Verify	Test	Doc.	Inspect	Est TTL
October 2									
October 9									
October 16									
October 23									
October 30									
November 6									
November 13									
November 20									
November 27									
December 4									
December 11									
TOTALS									

Est TTL - Estimate total effort for all members of group for the entire project.
Revise this estimate weekly.