

SCAMPI Appraisal to Assess Your Current Process Maturity Level (Example)

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Change History

Date	Summary	Person
11/09	Document outline	Paul Drumm
11/18	Sections 1.2 and 2.2	Paul Drumm
11/19	Draft of section 1.1 and 1.5	Paul Drumm
11/19	Section 2.3 (1-3)	Paul Drumm
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11/25	Updated 2.1.4 to show that data from staff interviews was examined	Paul Drumm
11/26	Minor changes to 1.3.1 & 2.1.2	Paul Drumm
11/27	Changed section 1.1.2 & 1.1.3. Added PAs from level 2 and 3	Paul Drumm

1 Planning and Prepare for Appraisal

1.1 Analyze Requirements

1.1.1 Determine Appraisal Objectives

Miretne Inc has been selected as one of two finalists in the bidding for Red Cross's new Global Emergency Inventory System (GEIS). The contract requires that the winner must operate at CMMI level 3.

By announcing the project 18 months before any decision would be made Red Cross hoped that smaller organizations would have adequate time to improve their process maturity and thus be able to satisfy one of the core requirements of the contract. The goal of the second round is to allow a selected few to document their CMMI level.

1.1.2 Determine Appraisal Constraints

In the second round, set to last no longer than 10 businesses days, Red Cross wanted evidence that the bidders were operating at CMMI level 3.

Two months before Red Cross announced that they were building a new Miretne Inc system, Miretne Inc went through an appraisal with the intention of assessing their conformance to level 3 of the CMMI model. The external appraisal team concluded that all the 7 PAs of level 2, Requirements Management (REQM), Project Planning (PP), Project Monitoring and Control (PMC), Supplier Agreement Management (SAM), Measurement and Analysis (MA), Process, Product Quality Assurance (PPQA) and Configuration Management (CM) were satisfied. The team also concluded that Requirements Development (RD), Technical Solution (TS), Product Integration (PI), Validation (VAL), Organizational Process Focus (OPF), Organizational Process Definition (OPD), Organizational Training (OT), Integrated Project Management (IPM), Risk Management (RSKM), Integrated Teaming (IT), Integrated Supplier Management (ISM), Decision Analysis and Resolution (DAR) and Organizational Environment for Integration (OEI) were satisfied. Thus 20 out of 21 PAs were satisfied. With the lack of adequate

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performance in 1 of the 14 PAs of level 3, the appraisal team concluded that Miretne Inc Inc was operating at level 2.

The PA Verification (VER) was rated unsatisfied. Thus Miretne Inc Inc needed to perform a new appraisal to assess level 3 conformance for the level 3 PA VER.

As the Red Cross contract is of great importance to Miretne Inc the management team has committed to allow up to 10% of the working staff to participate in the appraisal either as appraisal members or other stakeholders.

1.1.3 Determine Appraisal Scope

The final report is to be submitted to Red Cross as evidence of the CMMI level 3 conformance in the Process Area (PA) Verification (VER). Miretne Inc Inc's management would regardless of the outcome of the bidding round want to use the report as guidance for continuing improvement of their VER process.

The Red Cross project would be built based on two of the core modules of Miretne Inc Inc's product portfolio. The inventory engine and the stock replenishment module, both these products are considered separate internal projects and both would thus need to be assessed.

The appraisal, of Miretne Inc Inc's conformance to the CMMI version 1.1 in staged representation, is set to be conducted following the SCAMPI method version 1.1.

1.1.4 Determine Outputs

Red Cross requires that the findings shall be documented in a report that is to be presented to Red Cross no later than 20 business days after they communicated the need for a further CMMI appraisal. Prior to this presentation Miretne Inc management would want to evaluate and comment on the report.

Miretne Inc management would also use the appraisal to find areas of potential improvement and would thus like the appraisal team to document their findings and recommended improvement actions.

1.1.5 Obtain Commitment to Appraisal Input

The management has clearly stated that they are aware that key employees will need to contribute to the appraisal input and the whole appraisal process. As such the schedule for key employees has been revised and time has been set aside for participation in the appraisal process.

1.2 Develop Appraisal Plan

1.2.1 Tailor Method

The appraisal team implemented all three phases of the SCAMPI to evaluate the VER process area at CMMI level 3. All GPs and SPs were evaluated.

1.2.2 Identify needed Resources

The lead developers on the core engine team and the stock replenishment team were selected as interviewees. The internal network administrator was used to configure and setup the needed computers and hardware. Appraisal team member selection is documented in section 1.3.

Other resources were; one conference room with four seats, a telephone, two computers with internet access and one computer with access to the local intranet and the needed objective evidence (such as databases, baseline documents, presentations, and networks). The computers had Microsoft Office, Open Office or equivalent set of tools able to open and edit documents in MS Excel and MS Word format. In accordance with the Paper Reduction Act the team did not want a designated printer as all communication was done electronically.

For the final presentation of the report the appraisal team used a larger conference room with 10 seats and a video projector.

1.2.3 Determine Cost and Schedule

The schedule consisted of

- 1 day of preparations
- 2 days of objective evidence gathering.

- 2 days of objective evidence reviews.
- 1 day of interviews with the staff.
- 2 days of coordination and report preparation.
- 2 hours presentation to the senior management. (On the last day of the appraisal)

The resources needed were approximately 260 man-hours for the appraisal, and a total of 16 man hours for the presentation.

Miretne Inc was required to pay all expenses of the appraisal team, including travel, lodging and meals. The expenses were:

Expense	Base rate	Qty	Total
Plain tickets	\$650	4	\$2600
Rental car	\$700 (8 days)	1	\$450
Lodging	\$250 (8 nights)	32	\$8000
Meals	\$50 (daily meal rate)	32	\$1600
ABC Consulting Corp SCAMPI Appraisal Fee	\$40000	1	\$40000
Total			\$52650

1.2.4 Plan and Manage Logistics

The entire SCAMPI appraisal was conducted on-site. The small conference room was booked for the duration of the appraisal period, and the Miretne Inc secretary booked the plane tickets, rental car and hotel for the appraisal team.

The network administrator installed the three required workstations, and configured the required network access.

1.2.5 Document and Manage Risks

Red Cross required that the appraisal was completed within 10 working days. With an estimated 8 days to conduct the whole process the team was on a tight schedule. Availability of the appraisal team

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members was considered a major risk and thus the appraisal tem leader arranged with alternative team members who could augment the team if needed.

Also the availability of the Miretne Inc employees selected for interviews were considered a risk. For interviews that were expected to last more than 2 hours the appraisal team selected both a primary and a backup interviewee.

1.2.6 Obtain commitment to Appraisal Plan

The Appraisal Plan was presented to the President and senior management of Miretne Inc Inc, in which they committed and signed.

1.3 Select and Prepare Team

1.3.1 Identify Team Leader

Miretne Inc sought the assistance of ABC Consulting Corp. which appointed Mr. E who has also worked with the Red Cross in the past as the lead appraiser in its SCAMPI appraisal effort. Mr. E is an SEI- authorized Lead appraiser and a member in good standing. He has received extensive training in SCAMPI appraisal methods and processes. He also comes with a solid background in management which includes over 10 years of experience with two CMMI level 5 software organizations. Mr. E has lead four similar efforts in the past and has been a SCAMPI team member six times during the past 5 years.

1.3.2 Select Team Members

ABC Consulting Corp also appointed 3 of its prominent consultants to participate in this project as team members. All three have been members of SCAMPI teams in the past and have completed the SEI- licensed introduction to CMMI course which had been conducted by an SEI authorized instructor. Mr. X has held the position of senior software engineer for 8 years and also acted as project manger for 5 years. Mr. Y has worked as Software Engineer for 7 years and project manager for the past 4 years. Mrs. Z has

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worked as a Software Engineer for 6 years, Quality Assurance analyst for 5 years and quality assurance manager for 4. The team has worked together on 3 other appraisal projects.

1.3.3 Prepare Team

Mr. E held an orientation meeting during which he went over the roles and defined responsibilities of each member, the appraisal objectives and plans. He also verified that all members met the necessary qualifications and had received the training required to participate in the SCAMPI process and provided documentation to the sponsor to support that.

1.4 Obtain and Analyze Initial Objective Evidence

1.4.1 Prepare Participants

Participating members of Miretne Inc's staff attended a meeting lead by Mr. E to prepare them for the SCAMPI process. Everyone's roles and responsibilities were discussed; expectations of the SCAMPI team were discussed and clarified. "Objective evidence" was defined and artifacts which would qualify as such were identified. A list of possible interview questions was also provided to the staff members. Questions by team members regarding the appraisal process were properly addressed and answered.

1.4.2 Administer Instruments

A questionnaire was developed by the SCAMPI team specific to job functions of participating staff members to document and identify current practices. A CMMI Evidence Notebook was established to store all evidence collected.

1.4.3 Obtain Initial Objective Evidence

Miretne Inc management provided objective evidence to the SCAMPI team leader supporting CMMI Level 3 process areas. Mr. E decided that further investigation was necessary.

1.4.4 Inventory Objective Evidence

The objective evidence provided was reviewed by the SCAMPI team and it was determined to be strong and adequate enough to show implementation of CMMI level 3 process areas. The team concluded that no additional evidence would be necessary at that time.

1.5 Prepare for Collection of Objective Evidence

1.5.1 Perform Readiness Review

Before initiating the data gathering process the lead appraiser initiated the readiness review, which was conducted during the on-site training period.

After the initial review a follow up review was conducted after the data gathering was performed. The readiness review revealed no missing objective evidences or insufficient data and the appraisal could continue as planned

1.5.2 Prepare Data collection Plan

The data collection plan assigned who was responsible for gathering the data for the different practices, what data to be collected, who need to be interviewed and when the data were to be collected.

The data collection plan was then placed under Configuration management to ensure that future changes could be tracked.

1.5.3 Replan Data Collection (if needed)

The appraisal team was able to conduct the data collection as planned, no re-planning was needed.

2 Conduct Appraisal

2.1 Examine Objective Evidence

Coverage of all points of the reference model, CMMI Level 3, was obtained with most of the Objective Evidence being examined being Documentation.

2.1.1 Examine Objective Evidence from Instruments

VER SP 2.1 Objective Evidence collected from a peer review survey showed enough depth was obtained due to proper survey design to be accepted into evidence.

VER GP 2.1 Objective Evidence collected from a SCAMPI questionnaire did not show sufficient depth and breadth to be taken into evidence.

2.1.2 Examine Objective Evidence from Presentations

VER SP 1.1 Objective Evidence collected from the Overview Briefing Presentation was deemed to have acceptable criteria to be entered into evidence as it showed how work products are selected for verification at the Organizational level and lead into a Project Level detail. This was the only evidence deemed as acceptable from a Presentation.

VER SP 2.1 Objective Evidence collected from an Engineering Presentation on “How to conduct peer reviews” was deemed to unacceptable criteria to be entered into evidence as it did not show sufficient detail on preparing for the peer review.

VER GP 2.8 Objective Evidence collected from a Engineering Managers meeting on “Process Control and Monitoring” was deemed to have unacceptable criteria to be entered into evidence as it showed only high level work efforts and no direct data representations in the form of graphs or control charts.

2.1.3 Examine Objective Evidence from Documents

VER SP 1.1 Objective Evidence Documents gathered to support this SP was obtained from the Project Management Plan, Verification Plan, Testing Master Plan, Integration Plan, Software Requirement Specifications from several projects, System Requirement Specification from several projects, and Kick-off Meeting Minutes. The Kick-off Meeting minutes were sparse on supporting data but when used in conjunction with other documentation, it made them acceptable. All these direct artifacts were examined and showed ample evidence of how selecting work products for implementation is achieved and documented both at the Organizational and the Project Level with some implementation details.

VER SP 1.2 Objective Evidence Documents gathered to support this SP was obtained from the Project Management Plan and showed, upon examination, strong evidence of the organizations commitment to establish the verification environment at the project level from a plan that was tailored from the organizational level.

VER SP 1.3 Objective Evidence Documents gathered to support this SP was obtained from the Test Cases and Scripts and the Organizational Policies and Directives. These documents showed, upon examination, acceptable enough criteria to be entered as evidence for establishing verification procedures and criteria.

VER SP 2.1 Objective Evidence Documents gathered to support this SP was obtained from the Peer Review Checklist documents, Training Records, various WBS for several projects, and the Project Schedule. There seems to be enough evidence upon a precursory examination.

VER SP 2.2 Objective Evidence Documents gathered to support this SP was obtained from the Project Management Plan, Verification Plan, Testing Master Plan, Peer Review Action Items, and Test Readiness Review Results. Examining these documents showed an acceptable enough criterion to be entered as evidence for Conducting Peer Review.

VER SP 2.3 Objective Evidence Documents gathered to support this SP was obtained from the Peer Review Action Items (Project Level), Test Readiness Review Results and Critical Design Review Results. Examining these documents showed an acceptable enough criterion to be entered as evidence for Analyze Peer Review Data.

VER SP 3.1 Objective Evidence Documents gathered to support this SP was obtained from the Project Management Plan, Test Cases and Scripts, and QA Reports. Examining these documents showed an acceptable enough criterion to be entered as evidence for Perform Verification.

VER SP 3.2 Objective Evidence Documents gathered to support this SP was obtained from the Test Cases and Scripts, Organizational Policies and Directives, Change Requests, Defect Reports, System Performance Metrics for various projects, CCB Meeting Minutes, and QA Reports. Examining these

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documents showed an acceptable enough criterion to be entered as evidence for Analyze Verification Results and Identify Corrective Action.

VER GP 2.1 Objective Evidence Documents gathered to support this SP was obtained from the Organizational Policies and Directives document. Examining this document showed an acceptable enough criterion to be entered as evidence for Establish an Organizational Policy. However, further replanning and data collection may be necessary as it may not show complete coverage for this item upon further document verification.

VER GP 2.2 Objective Evidence Documents gathered to support this SP was obtained from the Project Management Plan, the V&V Plan, and the T&E Master Plan. Examining these documents showed an acceptable enough criterion to be entered as evidence for Plan the Process.

VER GP 2.3 Objective Evidence Documents gathered to support this SP was obtained from the WBS on the various project plans. This document was accepted into evidence in conjunction with the Instruments for this GP - Provide Resources.

VER GP 2.4 Objective Evidence Documents gathered to support this SP was obtained from the WBS documents from the project plans. These documents showed an acceptable enough criterion to be entered as evidence for Assign Responsibility.

VER GP 2.5 Objective Evidence Documents gathered to support this SP was obtained from the Training Records. This document showed an acceptable enough criterion and level of detail to be entered as evidence for Train People.

VER GP 2.6 Objective Evidence Documents gathered to support this SP was obtained from the Configuration Management Plan and the Baselines for Verification Products. Examining these documents showed an acceptable enough criterion and level of detail to be entered as evidence for Manage Configurations.

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VER GP 2.7 Objective Evidence Documents gathered to support this SP was obtained from the Peer Review Action Items, Training Records, Kickoff Meeting Minutes, and Technical Support Weekly Status Meeting Minutes. Examining these documents showed an acceptable enough criterion and level of detail to be entered as evidence for Manage and Identify Relevant Stakeholders.

VER GP 2.8 Objective Evidence Documents gathered to support this SP was obtained from the Change Requests, Trouble Tickets, and System Performance and Metrics. Examining these documents showed an acceptable enough criterion and level of detail to be entered as evidence for Monitor and Control the Process.

VER GP 2.9 Objective Evidence Documents gathered to support this SP was obtained from the Peer Review Checklists, and QA Reports. Examining these documents showed an acceptable enough criterion and level of detail to be entered as evidence for Objectively Evaluate Adherence.

VER GP 2.10 Objective Evidence Documents gathered to support this SP was obtained from the Change Requests, CCB Meeting Minutes, and Technical Support Weekly Status Meeting Minutes. Examining these documents showed an acceptable enough criterion and level of detail to be entered as evidence for Review Status with Higher Level Management.

VER GP 3.1 Objective Evidence Documents gathered to support this SP was obtained from the Project Management Plan. Examining this document showed an acceptable enough criterion and level of detail to be entered as evidence for Establish a Defined Process.

VER GP 3.2 Objective Evidence Documents gathered to support this SP was obtained from the Organizational Policies and Directives and System Performance Metrics. Examining these documents showed an acceptable enough criterion and level of detail to be entered as evidence for Collect Improvement Information.

2.1.4 Examine Objective Evidence from Interviews

VER SP 1.1 Objective Evidence collected from the Team Lead Interview was deemed to have acceptable criteria to be entered into evidence. The Interview showed that the Lead had a knowledgeable insight into specific practices, location of documentation, and new the specific revision level of the current organizational practice relating to Selecting Work Products for Verification. The interviewee did also add some Implementation-level details about the practice. OE obtained from the Staff Interviews was added into evidence as it contained sufficient information to support the practice.

VER SP 1.2 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff members showed in depth knowledge of how they established and maintained the verification environment.

VER SP 1.3 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff members showed in depth knowledge of what the verification procedures were and the criteria for the selected the work products meeting their requirements.

VER SP 2.1 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff engineers affirmed in detail how they prepared for peer reviews.

VER SP 2.2 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff engineers explained in detail of how they conducted peer reviews and identified any issues arising from them.

VER SP 2.3 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff engineers discussed in detail how they performed analysis on preparation, conduction, and results of the peer reviews.

VER SP 3.1 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff responsible for performing verification showed in depth knowledge of the verification process.

VER SP 3.2 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff showed completeness in their discussion of the analysis of the verification results and the corrective actions needed.

VER GP2.1 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff that was interviewed affirmed their knowledge of the organizational policies.

VER GP2.2 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The project management staff discussed in detail the steps that were taken in creating and maintaining the project plan as it pertained to the verification process.

VER GP2.3 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. Verification Management staffed discussed in depth their ability to obtain and provide resources for verification activities.

VER GP2.4 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. Staff interviews showed credible knowledge on being able to assign responsibility and empower other members of the staff with authority.

VER GP 2.5 Objective Evidence collected from the Training Supervisor Interview was deemed to have unacceptable criteria to be entered into evidence as the Lead Supervisor was out and her assistant was of limited use in demonstrating the organizations ability to train in any of the Application Domains. The Interview was never rescheduled as the Training Supervisor was out for several days on personal leave of absence. However, objective evidence that was collected from the Staff Interviews was deemed to have sufficient enough detail to be entered into evidence.

VER GP2.6 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. Configuration management staff discussed how the various artifacts of the verification process were put under configuration control and at what level.

VER GP2.7 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. The staff discussed ways they identified and involved relevant stakeholders.

VER GP2.8 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. Conversations with the staff showed detailed levels of how they monitored and controlled the process.

VER GP2.9 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. Staff discussions centered on how they knew that they were following process standards when going through the verification process.

VER GP2.10 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. Conversations with upper level management showed knowledge of the verification processes and the results there of.

VER GP3.1 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. Discussions with all staff members showed how they thought the defined verification process was maintained.

VER GP3.2 Objective Evidence obtained from the Staff Interviews was deemed of sufficient quality and credibility to be taken in as evidence. Staff engineers conversed about how they took measurements, the measures they recorded, and improvement information about the verification process.

2.2 Verify and Validate Objective Evidence

2.2.1 Verify Objective Evidence

VER SP 1.1 Select Work Products for Verification

The objective evidences provided for SP1.1 and list of work products selected for verification were considered sufficient evidence that SP1.1 was conducted according to the reference model.

VER SP 1.2 Establish the Verification Environment

The team identified the environment including equipment and tools for verification. The team also conducted interviews to confirm that the verification environment was established to support SP1.2.

VER SP 1.3 Establish Verification Procedures and Criteria

The documents submitted as evidence for SP1.3 together with interviews were considered sufficient evidence to support SP1.3. The team also verified that the Change Control System's history reports showed evidence of continuing improvements on the submitted documentation.

VER SP 2.1 Prepare for Peer Reviews

An extensive amount of documentation was provided as evidence of the Prepare for Peer Reviews practice (SP2.1). Preliminary review detected that there was no clear entry and exit criteria or follow on criteria for peer reviews documented. A request was made to include this information in peer review checklists.

VER SP 2.2 Conduct Peer Reviews

Based on the submitted work products and interviews, the team concluded that defects and issues in the work products were identified and documented, the action items were recorded and communicated and data was collected. The team acknowledged the collected evidences as evidence of SP2.2 being implemented.

VER SP 2.3 Analyze Peer Review Data

Peer review data, action items and interviews served as evidence of implementation of SP2.3. The team verified that the peer review data was stored in an access restricted area in the Change Configuration Management system and could thus verify the evidence and the existence of the process and validate that work products collected properly supported the practice.

VER SP 3.1 Perform Verification

Verification results, reports and procedure logs were all submitted as evidence of SP3.1. The team also requested a demonstration of the hoe the verification was performed and finally concluded that there was sufficient evidence of SP3.1

VER SP 3.2 Analyze Verification Results

Documents such as analysis reports, trouble reports and change requests for the verification methods was submitted as evidence of SP3.2. The Change Control Management System also contained a change history for the verification environment and the test scripts. The team concluded that the objective evidence was accurate and that the specific practice was implemented.

VER GP 2.1 Establish an Organizational Policy

The documents provided for GP2.1 was reviewed. The team found that the verification methods lacked evidence of continuous maintenance. A request for evidence of maintenance was made. Miretne Inc provided former revisions of the documents as evidence of maintenance. The team suggested that the Project and Master Test plans be elaborated to more thoroughly cover maintenance of the verification procedures, and, that the Configuration Management system was used to keep track of future changes. The team also conducted several interviews to confirm that the Generic practice was implemented.

VER GP 2.2 Plan the Process

The plan for the Verification Process was provided as evidence of GP2.2. The team conducted interviews to verify the plan's existence and also requested the project plan (from PA PP) as evidence. The project plan contained a reference to the plan for performing the verification process. This was considered sufficient evidence to affirm GP2.2.

VER GP 2.3 Provide Resources

Orders and invoices were provided as evidence of test equipment purchases. A software license agreement was also provided as evidence of a test software purchase. The Work Breakdown Structure (WBS) was reviewed for proper allocation of team resources. The team requested evidence that the equipment was still operational and was given a guided tour of the test lab. The team could affirm that the evidence submitted for GP2.3 was authentic and that the practice was conducted according to the reference model.

VER GP 2.4 Assign Responsibility

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The organization chart, job descriptions and work breakdown structures were submitted as evidence of GP2.4. The interviews confirmed that the employees were aware of their responsibilities and their job descriptions. The team concluded that the submitted evidence was appropriate to properly support GP2.4.

VER GP 2.5 Train People

Internal course and training schedules, course material and invoices from consultant were submitted as evidence of GP2.5. The evidences showed that training was provided to help the employees understand the verification principles, standards, and methods. The interviews affirmed that training sessions had occurred and was given on a regular basis.

VER GP 2.6 Manage Configurations

History reports and change logs from the Configuration Management System was used as evidence of several other GPs and SPs. The fact that documents and work products was under Configuration Management was thus evaluated several times in other practices. The team had thus on several occasions verified the GP existence and that it were conducted according to the model.

VER GP 2.7 Identify and Involve Relevant Stakeholders

The evidences submitted included email correspondences, meeting summaries. It was confirmed in the interviews, peer review action items, and training records that the relevant stakeholders are being identified and participate in the verification process as documented.

VER GP 2.8 Monitor and Control the Process

The evidences indicated that the verification process was appropriately monitored and controlled. The interviews, trouble tickets, and QA reports also confirmed that Monitoring and Controlling of the Verification process was conducted as documented.

VER GP 2.9 Objectively Evaluate Adherence

The action item list showed evidence of corrective actions being recommended and implemented in the past. Together with meeting minutes, peer review checklists and interviews the team concluded that the evidence submitted was appropriate evidence of GP2.9 being conducted.

VER GP 2.10 Review Status with Higher Level Management

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Change Requests, CCB Meeting Minutes, and Technical Support Weekly Status Meeting Minutes served as evidence of GP2.10 being conducted as required in the reference model. Based on the evidences and interviews, the team found adequate evidence of GP 2.10 being conducted.

VER GP 3.1 Establish a Defined Process

The objective evidences provided for GP3.1 were reviewed. The lifecycle model and standard processes are selected and defined and peer reviews are conducted. The interviews also affirmed that the evidence collected documented GP3.1's existence.

VER GP 3.2 Collect Improvement Information

After reviewing the work items provided as objective evidence and conducting peer interviews the appraisal team concluded that the provided evidence were accurate and that the evidence collected properly supports GP3.2

2.2.2 Characterize Implementation of Model Practices

VER SP 1.1 This practice is characterized as fully implemented (FI).

VER SP 1.2 This practice is characterized as fully implemented (FI).

VER SP 1.3 This practice is characterized as fully implemented (FI).

VER SP 2.1 Based on evidence reviewed this practice is characterized as largely implemented (LI).

VER SP 2.2 This practice is characterized as fully implemented (FI).

VER SP 2.3 This practice is characterized as fully implemented (FI).

VER SP 3.1 This practice is characterized as fully implemented (FI).

VER SP 3.2 This practice is characterized as fully implemented (FI).

VER GP2.1 Based on evidence reviewed this practice is characterized as largely implemented (LI).

VER GP2.2 This practice is characterized as fully implemented (FI).

VER GP2.3 This practice is characterized as fully implemented (FI).

VER GP2.4 This practice is characterized as fully implemented (FI).

VER GP2.5 This practice is characterized as fully implemented (FI).

VER GP2.6 This practice is characterized as fully implemented (FI).

VER GP2.7 This practice is characterized as fully implemented (FI).

VER GP2.8 This practice is characterized as fully implemented (FI).

VER GP2.9 This practice is characterized as fully implemented (FI).

VER GP2.10 Based on evidence reviewed this practice is characterized as largely implemented (LI).

VER GP3.1 Based on evidence reviewed this practice is characterized as largely implemented (LI).

VER GP3.2 This practice is characterized as fully implemented (FI).

2.2.3 Validate Practice Implementation Gaps

Practice	Gaps/Weaknesses/Strengths	Character.
SP1.1	(S) The integration of the identification of work product, requirements, and methods with the project plans is submitted.	FI
SP1.2	(W) Only portion of data from customer's database is provided as one of the needed interfaces.	FI
SP1.3	(S) Product and product component requirements, standards, organizational policies, test type, test parameters, type of work products are developed for each work product, and refined as needed.	FI
SP2.1	(G) No clear entry and exit criteria or follow on criteria for peer reviews documented. (W) Checklist.	LI
SP2.2	(S) The action items are identified, and the issues to relevant stakeholders are communicated. The exit criteria for the peer review are satisfied.	FI
SP2.3	(S) The needed actions are taken to prevent the data from being used to evaluate the performance of people and attribution.	FI
SP3.1	No gaps, strengths, or weaknesses noted.	FI
SP3.2	(S) The information in resolving the defects related in the verification methods, criteria, and verification environment is provided.	FI
GP2.1	(G) Lacking maintenance information for verification methods. (W) Maintenance information on verification procedures.	LI
GP2.2	No gaps, strengths, or weaknesses noted.	FI
GP2.3	No gaps, strengths, or weaknesses noted.	FI
GP2.4	No gaps, strengths, or weaknesses noted.	FI
GP2.5	(S) Three- day classroom training was provided.	FI
GP2.6	No gaps, strengths, or weaknesses noted.	FI
GP2.7	No gaps, strengths, or weaknesses noted.	FI
GP2.8	No gaps, strengths, or weaknesses noted.	FI
GP2.9	No gaps, strengths, or weaknesses noted.	FI
GP2.10	(G) Lacking evidence for reviewing status with higher-level	LI

	management. (W) Higher-level communication strategy.	
GP3.1	(G) No firmly defined process for maintenance for verification methods and procedures. (W) Maintenance information on verification procedures. (S) The lifecycle model and standard processes are selected and defined.	LI
GP3.2	(S) Documentation that includes exemplary process descriptions, training material, exemplary plans, and checklists has been submitted in the organization's process asset library.	FI

2.3 Document Objective Evidence

2.3.1 Take/Review/Tag Notes

Notes from all data-gathering sessions have been properly reviewed and tagged, as needed, in specific areas to tie responses to appropriate practices. All notes from team members were loaded into an OE repository. The table below provides information on objective evidence related to VER practices.

PII Type: Direct			
Evidence	OE Source	Practice	How OE Meets Intent
Project Management Plan	Document	SP 1.1, SP 1.2, GP 2.2, GP 3.1	Establishes planning for the verification process including identification of work products.
V&V Plan	Document	SP 1.1, GP 2.2	Provides details on the specific verification procedures and associated work products.
T&E Master Plan	Document	SP 1.1, GP 2.2	Verifies design objectives ensuring all requirements are properly tested with appropriate work products used for input and output; Details verification methods.
Test Cases/Scripts	Document	SP 1.3, SP 3.1, SP 3.2	Details steps and criteria for testing.
Integration Plan	Document	SP 1.1	Details verification methods for integration of SW and HW units.
Configuration Management Plan	Document	GP 2.6	Demonstrates proper configuration management process regarding verification products.
Software Requirements Specification	Document	SP 1.1	Provides requirements to be satisfied with identified work products.
System Requirements Specification	Document	SP 1.1	Documents system level requirements to be satisfied with identified work products.
Organizational	Document	SP 1.3, GP	Establishes organizational policy for

Policies and Directives		2.1, GP 3.2	verification procedures.
Peer Review Action Items	Document	SP 2.2, SP 2.3, GP 2.7	Proves that peer reviews have been conducted and demand further required action.
Peer Review Checklists	Document	SP 2.1, GP 2.9	Ensures work products are reviewed with some level of consistency.
Change Requests	Document	SP 3.2, GP 2.8, GP 2.10	Identifies change requests for verification methods in place.
Project Schedule	Document	SP 2.1	Provides testing and peer review schedule.
Training Records	Document	SP 2.1, GP 2.5, GP 2.7	Evidence of training and proper preparation for 1) peer reviews and 2) use of verification/tracking tools.
Trouble Tickets	Document	SP 3.2, GP 2.8	Notes corrective action taken and time/effort for reported issues.
WBS	Document	SP 2.1, GP 2.3, GP 2.4	Identifies resources for testing and other verification tasks.

PII Type: Indirect			
Evidence	OE Source	Practice	How OE Meets Intent
Kickoff Meeting Minutes	Indirect Documentation	SP 1.1, GP 2.7	Supports the involvement of relevant stakeholder and provides exposure (and avenues for feedback) on the selection of verification work products and verification processes.
Test Readiness Review Results Preliminary Design Review Results Critical Design Review Results	Indirect Documentation	SP 2.2, SP 2.3	Indicates that peer reviews have been conducted and identifies defects, issues and action items.
Technical Support Weekly Status Meeting Minutes	Indirect Documentation	GP 2.7, GP 2.10	Supports stakeholder participation in the awareness and resolution of issues.
Defects Report(s)	Indirect Documentation	SP 3.2, GP 2.8	Provides information for monitoring, control and corrective action.
System Performance Metrics	Indirect Documentation	GP 2.8, GP 3.2	Provides useful information for monitoring and control; confirms recording of verification activity.
Change Control Board Meeting Minutes	Indirect Documentation	SP 3.2, GP 2.10	Supports proper analysis activity on results including corrective action.
Baselines for Verification Products	Indirect Documentation	GP 2.6	Supports direct evidence for proper configuration management process regarding verification products.

QA Report(s)	Indirect Documentation	SP 3.1, SP 3.2, GP 2.8, GP 2.9 GP 3.2	Notes quality of the verification process.
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PII Type: Affirmations			
Evidence	OE Source	Practice	How OE Meets Intent
Overview Briefing	Presentation	SP 1.1, GP 2.7	Supports the involvement of relevant stakeholder and provides exposure (and avenues for feedback) on the selection of verification work products and verification processes.
Workflow Automation Tool Licensing and Usage	Other	SP 1.2, GP 2.3	Provides evidence of establishing a verification environment.
Team Lead Interviews	Interview	SP 1.1	Confirms specific verification processes in place.
Staff Interviews	Interview	All VER Practices	Confirms specific verification processes in place.
Defects Tracking Tool Licensing and Usage	Other	SP 1.2, GP 2.3	Provides evidence of establishing a verification environment.
Version Control System	Other	SP 1.2, GP 2.3 GP 2.8	Establishes monitoring and control and promotes a proper verification environment.
Change Request Tracking Tool Licensing and Usage	Other	SP 1.2, GP 2.3	Provides evidence of establishing a verification environment.
Requirement Traceability Matrix (RTM)	Other	SP 1.2, SP 1.3, SP 3.1, SP 3.2	Shows traceability between stakeholder needs, features, requirements and testing.
Hardware and Software Allocation	Other	SP 3.1, SP 3.2	Shows accuracy of functional requirements allocated to some combination of hardware and software for implementation.
Configuration Management Tool Licensing and Usage	Other	SP 1.2, GP 2.3 GP 2.6	Provides evidence of establishing a verification environment.
Peer Review Survey	Instrument	SP 2.2	Provides evidence of knowledge of the peer review process.

2.3.2 Record Presence/Absence of Objective Evidence

VER SP 1.1 Appropriate direct and affirmation objective evidence were present for SP 1.1. In addition, one source of indirect evidence in the form of a kickoff meeting was collected. No additional information is needed for this practice.

VER SP 1.2 Direct and affirmation objective evidence in the form of mechanisms (lifecycle tools) related to SP1.2 (establishing a verification environment) was present. Sufficient information was provided. No additional information is needed for this practice.

VER SP 1.3 Objective evidence in the form of direct and affirmation types was collected. Appropriately presented, the evidence supports SP 1.3 and no additional information is needed.

VER SP 2.1 Direct sources were present and represented appropriately collected information for SP 2.1. Entry and exit criteria were both absent as well as the criteria for requiring follow on peer reviews. One additional source in the form of an unused post-review comment sheet proved inappropriate for this PA. *Additional information is needed.*

VER SP 2.2 Appropriate direct and indirect objective evidence was present for SP 2.2. No additional information is needed for this practice.

VER SP 2.3 Peer review action items and review results were appropriately collected and present for SP 2.3. These sources of indirect objective evidence were sufficient and no additional information is needed.

VER SP 3.1 Direct and affirmation objective evidence were both present for SP 3.1. No additional information is needed.

VER SP 3.2 Appropriate direct, indirect and affirmation objective evidence were both present to support SP 3.2. No additional information is required for this practice.

VER GP 2.1 Provided objective evidence in the form of organizational policies and directives were reviewed for appropriateness related to GP 2.1. This direct objective evidence implied the absence of necessary information related to maintaining various verification procedures.

VER GP 2.2 The project plan was present and served as appropriately collected direct objective evidence for GP 2.2. No additional information is needed.

VER GP 2.3 Direct and affirmation objective evidence were both present and appropriate for GP 2.3. No additional information is needed.

VER GP 2.4 The WBS was present and served as appropriate, direct objective evidence collected for GP 2.4. No additional information is needed.

VER GP 2.5 Direct objective evidence in the form of training records was collected and present for assessment of GP 2.5. The information was sufficient and no additional information is needed for this practice.

VER GP 2.6 Appropriate direct and affirmation objective evidence were both present to support GP 2.6. No additional information is required for this practice.

VER GP 2.7 Collected data for GP 2.7 implied the presence of direct and affirmation objective evidence appropriate for this practice area. No additional information is needed.

VER GP 2.8 Direct objective evidence was collected and present for assessment of GP 2.8. The information was appropriate and sufficient. No additional information is needed.

VER GP 2.9 Present and appropriate direct and affirmation objective evidence proved GP 2.9 sufficient and requiring no additional information.

VER GP 2.10 Only two sources (one direct and one indirect) of objective evidence were present for GP 2.10. Appropriately collected CCB meeting minutes and change requests were reviewed and technical support status reports were looked at, however, *additional sources are needed for this practice.*

VER GP 3.1 Appropriately collected information for GP 3.1 implied the absence of verification data related to maintenance of organizational verification procedures. *Additional information is needed.*

VER GP 3.2 Appropriately collected direct and indirect objective evidence was present for GP 3.2. No additional information is needed for this practice.

2.3.3 Document Practice Implementation Gaps

Gaps were noted only for the following VER specific practices (SP) or generic practices (GP):

VER SP 2.1 Two gaps relevant to evidence supporting entry and exit criteria for reviews and criteria for follow on reviews were noted for this practice.

VER GP 2.1 One gap relevant to evidence supporting maintenance of verification procedures was noted for this practice.

VER GP 2.10 One gap relevant to weak supporting evidence for this practice was noted. Only two sources of objective evidence were present for reviewing status with higher-level management, additional sources should be provided.

VER GP 3.1 One gap relevant to evidence supporting maintenance of verification procedures was noted for this practice.

Practice	Gaps	Opportunities for Improvement
SP 2.1	No clear entry and exit criteria or follow on criteria for peer reviews documented.	Include this information in peer review checklists; complete and implement post-review comment sheet.
GP 2.1, GP 3.1	Lacking maintenance information for verification methods.	Elaborate on maintenance of verification methods in project and test plans.
GP 2.10	Lacking evidence for reviewing status with higher-level management.	Implement organization processes for additional regularly provided status reports and briefings.

2.3.4 Review and Update the Data Collection Plan

None of the VER specific practices (SP) or generic practices (GP) except the following needed additional objective evidence to demonstrate sufficient coverage and support full implementation. (For these practices listed below, Data Collection Plan updates are required):

VER SP 2.1 An attempt to confirm this practice, which addresses preparation for peer reviews, uncovered a lack of clear entry and exit criteria for the actual peer reviews conducted. The Data Collection Plan was updated to indicate the need to obtain additional peer review checklist information.

VER GP 2.1 and VER GP 3.1 Assessment of these practices lead to a finding that the Project Plan and Master Test Plan sections for maintenance of verification methods and procedures were minimally

Example of SCAMPI Copyright 2009 Enterim LLC Paul Drumm Paul@Enterim.com covered. The Data Collection Plan was updated to indicate requirements for thoroughly covering maintenance methods in the appropriate documents.

VER GP 2.10 The search for objective evidence for this practice identified lacking evidence for communicating status with higher-level management. The Data Collection Plan was updated to add requirements for specific status reports and/or regularly scheduled meeting minutes that prove sufficient communication with management.

2.4 Generate Appraisal Results

2.4.1 Derive Findings and Rate Goals

Based on practice implementation and some noted weaknesses associated with specific goals (SG) and generic goals (GG) of the VER process area, the following findings and ratings have been determined:

VER SG-1: Prepare for Verification. This goal has been rated satisfactory (S), with one associated weakness (SP 1.2) and no gaps in practice implementation for SP 1.1 – SP 1.3. All practices are fully implemented (FI).

VER SG-2: Perform Peer Reviews. This goal has been rated satisfactory (S), with one noted weakness that doesn't have a significant impact on the goal achievement, and two gaps in practice implementation for SP 2.1 – SP 2.3. All practices are either fully implemented (FI) or largely implemented (LI).

VER SG-3: Verify Selected Work Products. This goal has been rated satisfactory (S), with no associated weaknesses or gaps in practice implementation for SP 3.1 – SP 3.2. All practices are either fully implemented (FI) or largely implemented (LI).

VER GG-3: Institutionalize a Defined Process. This goal has been rated satisfactory (S), with a few noted weaknesses that do not have a significant impact on the goal achievement, and three gaps in practice implementation for GP 2.1 – GP 2.10, or GP 3.1-GP 3.2. All practices are either fully implemented (FI) or largely implemented (LI).

2.4.2 Determine Satisfaction of Process Areas

Based on the ratings of specific and generic goals noted in section 2.4.1, CMMI Level 3 process area VER has been rated satisfactory (S).

2.4.3 Determine Maturity Level

Based on established satisfactory ratings on all CMMI Level 3 process areas including a satisfactory rating for the VER process area as defined in the scope of this appraisal, a rating of CMMI Level 3 has been determined.

2.4.4 Document Appraisal Results

Final results of the SCAMPI have been compiled and thoroughly detailed in an appraisal report. The rating outcome of CMMI Level 3 is noted in section 2.4.3 of this report. An Appraisal Results Summary page was produced and attached as an appendix to this report.

3 Report Results

3.1 Deliver Appraisal Results

3.1.1 Present Final Findings

Based on evaluation of the completed questionnaire by project team members under investigation, interviews conducted with those staff members, documents and objective evidence in possession of the appraisal team final results were developed. The results included ratings on all process areas; strengths and weaknesses in each area were also identified. The appraisal results were presented to Miretne Inc management after its main sponsor, the company's chief executive officer, signed off the Appraisal Disclosure Statement.

3.1.2 Conduct Executive Session(s)

Miretne Inc Inc's executive management along with the project sponsor was invited by the appraisal team for a review session of the final results before they were shared with the rest of the staff.

3.1.3 Plan for Next Steps

Plans to transition the company to CMMI level 4 have not yet been discussed. Management has decided to focus the efforts on reaching tangible improvements in the weaker process areas and ultimately institutionalize CMMI level 3 process areas within the next 12 months.

3.2 Package and Archive Appraisal Assets

3.2.1 Collect Lessons Learned

Although it was expressed to Miretne Inc that a viable backup for any interviewee be available, the quality of knowledge was unknown on the backup for the one person that was unavailable. A guideline will be given to the sponsor to help select adequate backup resources. No inadequacies were noted in the SCAMPI process for forwarding to SEI for improvement but that might have been due to the inexperienced appraisal team.

3.2.2 Generate Appraisal Record

An appraisal record was generated and turned over to the appraisal sponsor. This included the ADS (which contained the dates, ratings, methods used, sponsors), objective evidence and/or identification there of, the final findings, and any tailoring used in the appraisal. Objective Evidence that was identified only with a tag was referenced in the PII database residing at the sponsors' premises. The sponsor was also given notice that the appraisal record did contain objective evidence that may have to be sanitized prior to any party outside the organization looking at it due to the proprietary nature of the evidence.

3.2.3 Provide Appraisal Feedback to CMMI Steward

The team lead submitted the final appraisal data to the CMMI steward within 30 days of the assessment and per their predefined data requirements. This did include the ADS (Appraisal Disclosure Statement). This did not include any objective evidence as the steward did not require such. The team lead

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also had to submit a Team Member Feedback Form, a Lead Assessor Feedback Form, and a Sponsor
Feedback Form as part of the documentation submitted [CMMI Assessments Bush, et al]. The lead
appraiser had to do such so the Lead Appraiser status was maintained and so the community in general
could see what others were doing and also to monitor the quality of output of the appraisal results.

3.2.4 Archive and/or Dispose of Key Artifacts

Using the pre-agreed upon confidentiality agreement, all applicable objective evidence was
disposed of or returned back to Miretne Inc. The report itself was archived and kept on record both at the
appraiser's office and at Global Inventories office. The results of the appraisal will be made known in
order to meet contractual requirements the company has taken on.

Appendix A

Appraisal Disclosure Statement

ORGANIZATION NAME:	Miretne Inc Inc
SPONSOR:	Joe Smith
TEAM LEAD APPRAISER:	Mr. E
TEAM LEAD APPRAISER ORG	ABC Consulting Group
TEAM MEMBERS:	Mr. X, Mr. Y, and Mr. Z
TEAM MEMBER ORGS	External/ ABC Consulting Group
ORGANIZATIONAL UNIT APPRAISED:	Miretne Inc Inc
CMMI MODEL USED:	CMMI-SW, V1.1, Staged
APPRAISAL METHOD USED:	SCAMPI v1.1
MATURITY LEVEL ASSIGNED:	Level 3
DATES OF ON-SITE ACTIVITY:	11-1-2006 To 11-20-2006
DATE OF ISSUANCE OF ADS	11-27-2006

All SCAMPI requirements were met.

Lead Appraiser

CAPABILITY LEVEL RATINGS ASSIGNED

OPF	Satisfied	PP	Satisfied	REQM	Satisfied	CM	Satisfied
OPD	Satisfied	PMC	Satisfied	RD	Satisfied	PPQA	Satisfied
PT	Satisfied	SAM	Satisfied	TS	Satisfied	MA	Satisfied
OPP	Not Rated	IPM	Satisfied	PI	Satisfied	DAR	Satisfied
OID	Not Rated	RSKM	Satisfied	VER	Satisfied	OEI	Satisfied
		IT	Satisfied	VAL	Satisfied	CAR	Not Rated
		ISM	Satisfied				
		QPM	Not Rated				

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