STAKEHOLDER ANALYSIS

Project Name		**Date**	
Project Number		**Document Number**	
Project Manager		**Project Owner/Client**	

Stakeholder Name or Group Name.	Internal Or External Stakeholder	Unaware, Resistant, Neutral, Supportive, or Leading?	Level of Influence (1-5, with 5 being the lowest)	Ability to Impact Resources (1-5)	Total Score	What does this stakeholder need? Stakeholder's greatest concerns?	What is needed from this stakeholder?	What is the risk if this stakeholder is not engaged? (add to risk plan)

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