***GUIDELINES FOR THE TEST PLAN CHECKLIST:***

This checklist is provided as part of the evaluation process for the Test Plan. The checklist assists designated reviewers in determining whether specifications meet criteria established in HUD’s System Development Methodology (SDM). The objective of the evaluation is to determine whether the document complies with HUD development methodology requirements.

Attached to this document is the DOCUMENT REVIEW CHECKLIST. Its purpose is to assure that documents achieve the highest standards relative to format, consistency, completeness, quality, and presentation.

Submissions must include the following three documents, and must be presented in the following order: (First) Document Review Checklist, (Second) the Test Plan Checklist, and (Third) the Test Plan.

Document authors are required to complete the two columns indicated as “AUTHOR X-REFERENCE Page #/Section #” and “AUTHOR COMMENTS” before the submission. Do NOT complete the last two columns marked as “COMPLY” and “REVIEWER COMMENTS” since these are for the designated reviewers.

Document reviewers will consult the HUD SDM and the SDM templates when reviewing the documents and completing the reviewer’s portions of this checklist.

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| AUTHOR REFERENCE (Project Identifier): |

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| ***Designated Reviewers:*** | ***Start Date:*** | ***Completed Date:*** | ***Area Reviewed:*** | ***Comments:*** |
| *1:* |  |  |  |  |
| *2:* |  |  |  |  |
| *3:* |  |  |  |  |
| *4:* |  |  |  |  |
| *Summary Reviewer:* |  |  |  |  |

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| **The Test Plan (Unit and Integration) establishes the tests which will be performed, establishes testing schedules, and identifies responsibilities for testing the system during development activities.** |

**TABLE OF CONTENTS**

|  |  |
| --- | --- |
| 1.0 General Information1.1 Purpose1.2 Scope1.3 System Overview1.4 Project References1.5 Acronyms and Abbreviations1.6 Points of Contact1.6.1 Information1.6.2 Coordination2.0 Test Definition\*2.x [Test Identifier and Type]2.x.1 Requirements to be Tested2.x.2 Expected Results2.x.3 Test Hierarchy2.x.4 Extent of Test2.x.5 Test Data2.x.5.1 Test Data Reduction2.x.5.2 Input Test Data Control2.x.5.3 Output Test Data Control2.x.5.4 Data Recovery2.x.5.5 Test Data Handling2.x.6 Input Commands2.x.7 Output Notification2.x.8 Support Software2.x.9 Error Handling2.x.10 Test Conditions2.x.11 Extent of Test2.x.12 Test Constraints | 3.0 Test Execution3.1 Test Schedule3.2 Test Progression3.3 Test Criteria3.3.1 Tolerance3.3.2 Samples3.3.3 System Breaks3.4 Test Control3.5 Test Procedures3.5.1 Setup3.5.2 Initialization3.5.3 Preparation3.5.4 Termination3.5.5 Test Cycle Performance Activities \* Each test should be under a separate header. Generate new sections and subsections as necessary for each test from 2.1 through 2.x |

|  | | **To be completed by Author** | | **To be completed by Reviewer** | | |
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| **REQUIREMENT** | | **AUTHOR X‑REFERENCE Page #/Section #** | **AUTHOR COMMENTS** | **COMPLY** | | **REVIEWER COMMENTS** |
|  | |  |  | **Y** | **N** |  |
| 1.0 GENERAL INFORMATION | |  |  |  |  |  |
| 1.1 | **Purpose:** |  |  |  |  |  |
| 1.2 | **Scope:** |  |  |  |  |  |
| 1.3 | **System Overview:** |  |  |  |  |  |
| 1.4 | **Project References:** |  |  |  |  |  |
| 1.5 | **Acronyms and Abbreviations:** |  |  |  |  |  |
| 1.6 | **Points of Contact:** | | | | | |

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|  | |  |  | **Y** | **N** |  |
| 2.0 TEST DEFINITION | | | |  |  |  |
| 2.x | **[Test Identifier and Type]:** |  |  |  |  |  |

|  | | **To be completed by Author** | | **To be completed by Reviewer** | | |
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|  | |  |  | **Y** | **N** |  |
| 3.0 TEST EXECUTION | | | |  |  |  |
| 3.1 | **Test Schedule:** |  |  |  |  |  |
| 3.2 | **Test Progression:** |  |  |  |  |  |
| 3.3 | **Test Criteria:** |  |  |  |  |  |
| 3.4 | **Test Control:** |  |  |  |  |  |

|  | | **To be completed by Author** | | **To be completed by Reviewer** | | |
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|  | |  |  | **Y** | **N** |  |
| 3.5 | **Test Procedures:** |  |  |  |  |  |