

(ADD YOUR DESIGN LOGO HERE)

Client Questionnaire & Design Planner

Completing this document will help me understand your project requirements.

It will also serve as a design planner to walk you through the process of articulating your needs. Please just skip any questions that you don't feel are relevant to this project.

Client Contact Information

Name:

Title:

Organization:

Email:

Phone:

Billing address:

Project Information

SPACE: Do you currently have a space in your home you wish to improve?

EXISTING USE: What is that space for currently?

BRAINSTORM IDEAS: What would you envision using that space for once the design is complete?

TIMELINE: When should the work begin? How long can you spend on this project, or without the usable space? What is our deadline for completion?

BUDGET: What is the budget range for this project? An idea of your budget will help me adapt my approach to respects your constraints.

BRANDING: Do you already have ideas or a color palette you would like to use?

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Design Project Review

Please describe, using the terms above, what parts of our plan meet your expectations, and what needs to be improved:

Meets Needs:

Needs Improvement:

Overall Budget Comments:

If you are satisfied, please sign/date the form below to acknowledge your acceptance:

Printed Name:

Date Reviewed

Signature:

Student Full Name:

Thank You!

Note To Student - Please click FILE, MAKE A COPY on Google Drive to use a copy of this form. Make sure to print it, and turn it in with authorizing signature, for credit to Mr. Scribner prior to the end of the project timeline.