Client Questionnaire & Design Planner

Completing this document will help me understand your project requirements.

It will also serve as a design planner to walk your 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?

Design Project Review

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 acceptence: Printed Name: Date Reviewed Signature: Student Full Name:

Please describe, using the terms above, what parts of our plan meet your

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.