

Solutions

by Sherri LLC

PRIORITIZE & GET ORGANIZED

CLIENT ASSESSMENT

Client Information

Today's Date: _____

Name: _____ Phone: _____

Referred by / How did you hear about Solutions by Sherri LLC: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Occupation: _____

Household (family members/ roommates/ages):

Pets (how many/type/breed): _____

Note: For safety, owners are responsible for managing pets that may bite or show aggressive behavior during visits.

Getting to Know the Client

Size and type of home/office: _____

Area of concern (check all that apply):

<input type="checkbox"/> Home Office	<input type="checkbox"/> Mail/papers/filing	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Dining Room	<input type="checkbox"/> Living/Family Room	<input type="checkbox"/> Bedroom(s) #:
<input type="checkbox"/> Kid's Room	<input type="checkbox"/> Basement	<input type="checkbox"/> Garage
<input type="checkbox"/> Attic	<input type="checkbox"/> Craft Room	<input type="checkbox"/> Laundry
<input type="checkbox"/> Entryway	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Motivation for getting organized (check all that apply):

<input type="checkbox"/> Stress	<input type="checkbox"/> Frustration	<input type="checkbox"/> Relationships
<input type="checkbox"/> Move	<input type="checkbox"/> Job change	<input type="checkbox"/> Remodeling
<input type="checkbox"/> Illness	<input type="checkbox"/> Can't find things	<input type="checkbox"/> Can't have people over
<input type="checkbox"/> Need storage	<input type="checkbox"/> New baby	<input type="checkbox"/> Too much stuff
<input type="checkbox"/> Just can't get started	<input type="checkbox"/> Super busy	<input type="checkbox"/> Need defined homes / Other:



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Expectations & Goal Completion Indicators

Once you're organized, how do you hope to feel _____

What does "success" look like to you for this project _____

Check all that apply:

<input type="checkbox"/> Create homes for all possessions	<input type="checkbox"/> Find what you need when you need it	<input type="checkbox"/> Space has new purpose
<input type="checkbox"/> Storage solutions discovered	<input type="checkbox"/> Possessions downsized/decluttered	<input type="checkbox"/> New skills learned
<input type="checkbox"/> Smooth flow to each day	<input type="checkbox"/> More time to relax	<input type="checkbox"/> Lower stress level
<input type="checkbox"/> Increased confidence/self-image	<input type="checkbox"/> Improved relationships	<input type="checkbox"/> More productive/efficient
<input type="checkbox"/> Clutter-free/healthier environment	<input type="checkbox"/> New good habits formed	<input type="checkbox"/> Other:

Current Organization Strategies

What IS working well in your home/office? _____

What is NOT working well in your home/office? _____

How do you handle your to-do's? _____

How do you handle time management? _____

Do you use any kind of planner, calendar, smartphone, online calendar system, or computer program? _____

Learning Style & Special Needs

Learning Style – How do you learn best? (check one):

☐ Visual ☐ Auditory ☐ Kinesthetic

Special Needs – Do you feel you have any tendencies toward:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> OCD
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression

Physical or other limitations: _____



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Aesthetic Preferences & Challenges/Surprises

Do you prefer visible or hidden storage systems? _____

Favorite colors or decorating styles? _____

Favorite home goods stores? _____

Challenges & Surprises (check all that apply):

<input type="checkbox"/> Bugs/Rodents (traps?)	<input type="checkbox"/> Mildew/Mold
<input type="checkbox"/> Sexually Explicit Material	<input type="checkbox"/> Guns on premises

Note: A \$50–\$100 surcharge may apply depending on the severity of pest issues.

Release Purposes & Timing

How will we handle your discards? (check all that apply):

☐ Donation ☐ Garbage ☐ Give to family/friends ☐ Other: _____

What percentage would you want to declutter? _____

When are the best days/times to meet? _____

What is your deadline or timeframe? _____

Budget & Resources Needed

Do you have a budget in mind? _____

Disclaimer: Services are billed at an hourly rate, with a 3 hour minimum. Project pace depends on the client's involvement in discarding and decluttering items. Active participation helps expedite results, while additional time may be needed if decision-making is more challenging. Further details are provided at the end of this form.

Resources Needed for this Project (check all that apply):

<input type="checkbox"/> Junk Hauler	<input type="checkbox"/> House Cleaner	<input type="checkbox"/> Handyman
<input type="checkbox"/> Closet/Shelving Installer	<input type="checkbox"/> Painter	<input type="checkbox"/> POD/Storage Company
<input type="checkbox"/> Admin Assistant/VA	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Additional POs
<input type="checkbox"/> Estate Sale Manager	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Magic Moment

What are the three areas I could wave my magic wand to fix first?

1. _____

2. _____

3. _____

At Solutions by Sherri, every project moves at the client's pace. My services are billed hourly because no two clients work the same way. Some clients are very hands-on and quick to make decisions, while others may need extra time — and that's perfectly okay!

Your level of involvement in discarding and decluttering will set the pace for our progress. Once I know what you'd like to keep and what can be released, I can step in and truly work my magic — creating organized, functional, and peaceful spaces that support your lifestyle.



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