



# Needs Assessment

## Contact Information

Full Name

Project Address

Phone Number

Email (s)

Preferred contact method: Call    Text    Email

How did you hear about us?

Facebook    Instagram    LinkedIn    Google Search

Homestars    Houzz    Other

Referral    Who?

Would you like to be signed up for a newsletter or other communications from island 64?

Yes    No

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# Project Information

Is this a business or residence?

Do you rent or own?

If a home, is this a primary residence or additional?

What type of project is this?

New Construction      Full Scale Renovation      Whole Home Decoration

One Room      Two Rooms      Three Rooms

Other: Please specify

What space (spaces) are you inquiring about? Please list all areas to be addressed: eg - main hall, living room, bathroom, kitchen

Whole Home      Living Room      Dining Room      Family Room      Kitchen

Pantry      Primary Bathroom      Secondary Bathroom      Powder Room

Master Bedroom      Walk-In Closet      Secondary Bedroom      Tertiary Bedroom

Guest Bedroom      Nursery      Kids Bedroom      Office

Other

What is your desired timeline?

Start date

End date

What is your budget?

Do you have inspiration images? Yes      No

Do you have an existing floor plan? Yes      No

Describe the current uses of the space(s) you're inquiring about:

What do you not currently like about the space(s) you are inquiring about?

What are your future goals for the space(s)?

Are there specific activities enjoyed in this space?

i.e. Hobbies, gatherings, that we need to factor into the design

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# Who

Who uses the space: (Select all that applies)

Family    Guests    Kids    Pets    Business

Other: Please specify

Do you ever invite outside individuals into the space? IE: host parties, gatherings, etc.

Please Specify

Does anyone who will use the space have special needs now or in the near future?

I.e. wheelchair accessibility, mobility issues?    Yes    No

If yes, please specify.

Does anyone have any visual or auditory needs for the space?    Yes    No

If yes, please specify.

Describe the family or team: Please include all people, pets, etc.

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## Style

Desired Design Style:

Mid-Century Modern

Minimalist

Scandinavian

Traditional

Transitional

Farmhouse

Eclectic

Other - Please specify

Likes

Dislikes

Image Upload (Examples)

Colours / Colour Palettes:

Neutrals

Dark

Vibrant Hues

Warm Shades

Reds

Other. Please Specify.

Likes

Dislikes

Image Upload (Examples)

Patterns: Solid

Stripe

Floral

Geometric

Other. Please Specify.

Likes

Dislikes

Image upload (examples)

Flooring: Hardwood    Tile    Carpet

Other. Please Specify.

Likes

Dislikes

Finishes: Matte Black    Chrome    Gold    Nickel    Brushed

Satin    Polished

Don't know?    (That's ok, too.)

Likes

Dislikes

Artwork: Modern

Abstract

Pop Art

Don't Know

Other - Please Specify:

Likes

Dislikes



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# Feel

Close your eyes and imagine being in your new space. Do you want it to be energizing, exciting, calm, peaceful, etc.?

How do you want to feel in the space?

Key Decision Maker

Printed Name

Date

Secondary Decision Maker

Printed Name

Date