

# Client Needs and Goals Assessment Form

Please complete this assessment form to help us understand your current situation, requirements, and long-term objectives.

## 1. Client Information

Full Name:

Company / Organization:

Job Title:

Phone Number:

Email Address:

Date of Assessment:

## 2. Current Situation & Challenges

Briefly describe your current business model or situation:

What are the primary challenges or pain points you are currently facing?

What solutions, if any, have you tried in the past to address these challenges?

## 3. Goals & Objectives

What are your primary short-term goals (next 3 to 6 months)?

What are your primary long-term goals (1 to 3 years)?

How will you measure the success of this project or engagement?

## 4. Requirements & Scope

What specific features or services are essential to meet your goals?

What is your expected timeline for implementation?

What is your estimated or allocated budget for this project?

## 5. Additional Comments & Notes

Is there any other relevant information we should know?

