

# Process Review

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tell me some of the things you liked or didn't like about my process.

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Was the information we went through simple and easy to understand? Anything in particular?

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Did you feel you found value in working with me? Yes No

What are the biggest benefits you feel you received by working with me?

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It feels good to have .....

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Additional Comments

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**Ideal Client**

**Responsible – Balanced**

**Nice People**

**Age Range:** \_\_\_\_\_

**Income Range:** \_\_\_\_\_

**Location:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Relationships**

**Friends**

**Business Relationships**

**Place of Worship**

**Children's Activities/Sports**

**Volunteer Work**

**Hobbies**

**Family**

**Neighborhood**

**Etc.**

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