Client Education
Follow-up Report

Job Number:	Client Name:
Date of Initial Visit:	Phone Number:
Date of Call:	Energy Educator:

AREA	ACTION(S) COMPLETED	COMMENTS
Living Room	_____ Yes _____ No	
Kitchen	_____ Yes _____ No	
Bathroom(s)	_____ Yes _____ No	
Bedroom(s)	_____ Yes _____ No	
Basement	_____ Yes _____ No	
Other	_____ Yes _____ No	

Has the client noticed a difference in any of the following areas as a result of the weatherization services or the energy conservation information?

Comfort Level in Home: _____Yes _____No _____
_____

Savings on Utility Bill: _____Yes _____No _____
_____

Additional Comments: _____
_____

V.11.2013