

**STATISTICIAN’S TERMINAL REPORT**

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| --- | --- | --- |
|  |  **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Client’s Name:** |  |  |

**Type of Service Provided:**

 [ ]  Short-term

 [ ]  Long-term

**Statistical Analyses Applied (if any):**

 [ ]  Descriptive

 [ ]  Inferential

 [ ]  Both descriptive and inferential

|  |
| --- |
| **Provide a brief summary of the statistical service you provided.**  |
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| **Submitted by:**  |
|  |  |
| Signature over Printed Name |  |