

**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

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