

**INITIAL ASSESSMENT FORM**

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

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

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| --- |
| **Assessed Document/s:**  [ ]  Research paper  [ ]  Survey questionnaire [ ]  Research data |
|  Others (please specify): |  |  |  |

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

 [ ]  Descriptive

 [ ]  Inferential

 [ ]  Both descriptive and inferential

**Type of Service Needed:**

 [ ]  Short-term

 [ ]  Long-term

|  |
| --- |
| **Assessed by:**  |
|  |  |
| Signature over Printed Name |  |