Initial Consulting Form
WPI Statistical Consulting Service

1 Tell Us About Yourself

Client Name: ___________________________ Date: ___________________________

Address: ________________________________

_________________________________________________________________________

_________________________________________________________________________

Telephone:______________________________ E-mail: ___________________________

Your (or your Team’s) Familiarity with Statistics: Weak __  Moderate __  Strong __

Are you the decision maker for this project? _________________________________

If not, who is the decision maker? _________________________________

2 Tell Us About Your Project

2.1 What Kind of Project Is It?

Exploratory __  Experiment __  Confirmatory __

Sampling Study (e.g.,Survey, Acceptance Sampling Planning) __

Other _________________________________

2.2 Describe the Project Briefly

• Background

• Objectives
• Questions to Be Answered

• What Has Been Done

• What There Is to Do

3 About Our Relationship

3.1 What Do You Expect of Us?
Provide Design __  Provide Analysis __  Validate Results __
Other __________________________________________________________

3.2 Your Consultant(s) Will Be:
_________________________________________  __________________________________
_________________________________________  __________________________________
_________________________________________  __________________________________
_________________________________________  __________________________________