25 Week Assessment

Self Employment Program



Participant name	Date of birth	//
Business name		
Program dates Start/ End	/	-
The participant's business is progressing as ex in terms of their financial projections:	pected,	□ Yes □ No
Explain		
2. Provide a brief assessment of the continued via	ability of the client's bu	siness.
3. I am in support of the client's continued participathe Self Employment program.	pation in	□ Yes □ No
☐ SE Coordinator acknowledgement		
SE Coordinator	Date/	/
Signature		mm yyyy