

25-week assessment

Client Name

Business name

SIN

DOB

Program Start Date

Program End Date

1. The SEB participant's business is progressing as expected, in terms of their financial projections:

Yes          No

Please explain

2. Please provide a brief assessment of the continued viability of the client's business.

3. I am in support of the client's continued participation in the SEB program.

Yes          No

SEB provider signature

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Date

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