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| --- | --- |
| Participant Name:  | Name of Business:  |
| Reviewer Name:  | Date of Progress Review: |
| ESP Agency:  | Date of Next Progress Review:  |

*Use this tool to discuss the participant’s self-employment progress and determine if*

*self-employment activities will continue to be included in employment plan.*

**Type of Review:**

[ ]  Progress towards initial business plan development.

[ ]  3-month progress review of self-employment activities under approved business plan.

**Progress Review:**

[ ]  **Satisfactory Progress** – continue self-employment activity in employment plan.

* Pursing and completing steps in business plan
* Meeting hourly requirements
* Increased HH income
* Satisfactory progress not being made; but good cause reason(s) exist (describe in “notes” section)

[ ]  **Unsatisfactory Progress** – self-employment activity will not be included in employment plan.

* Not pursing and/or completing steps in business plan; good cause not identified
* Not meeting hourly requirements
* No increase in household income

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| --- |
| Notes: |

**Income Outlook** (Optionally complete table to review projected household income for next six (6) months.)

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| --- |
| OUTLOOK of TOTAL HOUSEHOLD INCOME |
| **Self-Employment Income****MAXIS STAT/BUSI panel** |  | **Other Earned Income****from resident or another caregiver****MAXIS STAT/JOBS panel** |  | **Unearned Income****STAT/UNEA panel** |  | **Total household Income** |
| MONTH | INCOME |  | MONTH | INCOME |  | MONTH | INCOME |  | MONTH | INCOME |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |