|  |  |
| --- | --- |
| 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

|  |
| --- |
| Notes: |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  | | | | | | | | | | |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |