

This is a tool for you to evaluate your readiness for and commitment to self-employment and the SET course.

WEV seeks clients with:

- Desire for self employment
- Drive to succeed
- Commitment to attending all classes and to writing a business plan

A. YOUR BUSINESS

1. Why do you want to, or why did you, start your own business?

2. Please fill out as much as you can about your business or business idea.

Business Name Business Phone

Business Address City..... Zip Code

Type of Business: Service Product Retail Wholesale

Legal Form of Business: Sole Proprietorship Partnership Joint Venture Corporation

Describe your product or service:

3. Have you established a business identity yet by: Please check all that apply Printing Business Cards? Brochures?

Filing Fictitious Business Name? Purchasing a business license? Keep business finances separate from personal?

4. Using what you know right now about your potential customers, describe the perfect customer for your product or service. For business customers, describe the kind of businesses that will buy your product or service.

For Individuals

Approximate age.....
Education.....
Income level
Where he or she lives.....
What other interests that customer has

For Business Customers

Their business size
Where they are located.....
.....
What kind of people work for those businesses

4.b. Why will this customer buy your product or service?.....

B. YOUR PERSONAL SKILLS AND SUPPORT

1. What skills or knowledge do you have that will make you successful in business?

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2. What skills or knowledge do you want to acquire to assure your success in business?

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3. What obstacles do you think you may encounter in starting your business?

3b. How do you plan to overcome these obstacles?.....

4. Who do you consult when you need help or advice?

5. Will the people closest to you be supportive of you in starting your own business? Yes No Not Sure

Explain:

C. Your Entrepreneurial Personality Test: *Following are some common traits of successful entrepreneurs. Check the box for each statement that best describes how you see yourself. Then add up the totals at the end to see how you score.*

Independence	Always	Most of the time	Sometimes	Never
1) I do things my own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) I am stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) I take the first step in starting something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) I feel comfortable with responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) I like to be in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add the number of checks in the columns _____ + _____ + _____ + _____ = 5

Self-Discipline	Always	Most of the time	Sometimes	Never
1) I work as long as it takes to finish important projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) I do unpleasant tasks when they need to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) I keep my New Year's resolutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) I look at my mistakes and learn from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) I focus on my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add the number of checks in the columns _____ + _____ + _____ + _____ = 5

Creativity	Always	Most of the time	Sometimes	Never
1) I view problems as challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) I am curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) I come up with new uses for common objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) I am open to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) I like to find new ways to do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add the number of checks in the columns _____ + _____ + _____ + _____ = 5

Drive and Leisure	Always	Most of the time	Sometimes	Never
1) Once I set my mind to something, nothing can stop me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) I make sacrifices to gain long-term rewards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) I am highly motivated to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) I am persistent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) I am willing to put my entrepreneurial goals ahead of other priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add the number of checks in the columns _____ + _____ + _____ + _____ = 5

Totals	Always	Most of the time	Sometimes	Never
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Add the numbers from each of the sections: _____ + _____ + _____ + _____ = 20

Do you feel your score demonstrates potential for success in entrepreneurial training. Why or why not?

D. YOUR RESOURCES: TIME

VERY IMPORTANT: DO YOU HAVE THE TIME?

1. WEV estimates that you will spend between 5 and 20 hours per week on the work involved in researching and planning your business. Please review the Sample Weekly Time Budget and complete Your Planned Weekly Time Budget to assure yourself that you have sufficient time – at least 12 hours per week – to complete your business plan.

Sample Weekly Time Budget for 14 weeks of WEV Self-Employment Training

	MON	TUES	WEDS	THURS	FRI	SAT	SUN	WEEKLY TOTAL
Work (incl. getting ready, travel time)	10.5	10	10.5	10.5	10.5			52
Cooking & eating	1.5	1	1.5	1.5	3	3	3	14.5
Sleeping	8	8	8	8	7	8	9	56
Family time	2	2	2	2	1.5	3.5	3	16
Entertainment						3	3	6
Housework	1	0	1	1	1	3	3	10
Other						0.5		0.5
WEV Class		3						3
WEV Homework	1	0	1	1	1	3	3	10
TOTAL (not to exceed 24 hours)	24	24	24	24	24	24	24	168

Your Planned Weekly Time Budget for 14 weeks of WEV Self-Employment Training

	MON	TUES	WEDS	THURS	FRI	SAT	SUN	WEEKLY TOTAL
Work (incl. getting ready, travel time)								
Cooking & eating								
Sleeping								
Family time								
Entertainment								
Housework								
Other								
WEV Class								
WEV Homework								
TOTAL (not to exceed 24 hours)								

2. Do you plan to hold or look for a job at the same time you will be taking the Self-Employment Training? Yes No

3. Are you taking any other training courses at the same time? Yes No

4. Do you anticipate any other changes in the amount of time you will have available to devote to planning your business during the 14 weeks of the course? Yes No

If yes, what changes?

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5. Based on this time self evaluation, do you believe you have sufficient time to plan your business? Yes No

Why or why not?

