

# ASSESSMENT TOOLS FOR MICROENTERPRISE TRAINING AND TECHNICAL ASSISTANCE

THE MICROENTERPRISE FUND FOR  
INNOVATION, EFFECTIVENESS,  
LEARNING AND DISSEMINATION



FIELD



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## CHAPTER 1: INTRODUCTION

### Why this manual?

Few practitioners in the microenterprise development community would argue against the primacy of training and technical assistance among the services offered to both aspiring and established microentrepreneurs. This primacy can be seen in the number of organizations offering training and technical assistance (92 percent of those reporting in the *1999 Directory of U.S. Microenterprise Programs*<sup>1</sup>), and in the number of clients using these services (89 percent of all reported program participants). It is also demonstrated by the expressed interest of practitioners in providing more, and more specialized, training and technical assistance services. Seventy-one percent of the programs submitting data to the *Directory* indicated that providing "more advanced training and technical assistance is a very high priority." Sixty-eight percent of practitioner agencies believe they will increase the amount of training they provide, and fully 80 percent believe they will increase the amount of technical assistance they provide in the future.

The arguments for these services are strong and compelling, and are based on client needs (personal, social and technical), and on the requirements of doing business in the U.S. economy. The range of information, knowledge and skills that entrepreneurs need to master is considerable, and as marketplaces become increasingly global, even greater demands are placed on entrepreneurs.

But as practitioners respond to these needs, and become ever more deeply engaged in providing a range of services, some serious questions emerge:

- Which skills that programs teach are actually applied by microentrepreneurs?
- Which make a difference in their success?
- Which client groups need what types of services?
- How much training and technical assistance is enough?

This manual has been developed for practitioners who want to answer these and other questions about their services. It includes a selected set of tools designed and being used by five practitioner organizations that have received funding from FIELD:

- Central Vermont Community Action Council, Barre, Vermont
- Detroit Entrepreneurship Institute, Detroit, Michigan
- Institute for Social and Economic Development, Coraville, Iowa,
- Women's Housing and Economic Development Corporation, New York, and
- Women's Initiative for Self-Employment, San Francisco, California.

These organizations are conducting in-depth assessments of their training and technical assistance services with a view to gaining insight into these questions on behalf of the field as a whole. Each of the tools featured here is being implemented within a research design that involves the application of

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1 Alexander C. Severns and Amy J. Kays, *1999 Directory of U.S. Microenterprise Programs* (Washington, D.C., The Self-Employment Learning Project of the Aspen Institute in collaboration with the Association for Enterprise Opportunity, Washington, DC: The Aspen Institute, 1999).

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multiple tools with sample sets of clients, and a rigorous analysis of results. But each of the tools was also designed with the intention of incorporating it into the ongoing client tracking and assessment strategies of the organization. To that end, they offer useful examples to other microenterprise organizations interested in more systematically understanding the value of their training and technical assistance services.

## **A framework for assessing training and technical assistance**

The process of training and technical assistance is an educational process, and as such, it is complex involving many factors that affect outcomes. When FIELD emitted its Request for Applications, the first step in selecting the five grantee organizations featured here, it asked submitting organizations to advance hypotheses regarding the factors they consider most critical in determining client success. Fifty-five institutions responded to FIELD's challenge with letters of intent, suggesting four principal categories of hypotheses around which to organize the search for clues to effective training and technical assistance:

*Client Characteristics:* One group of programs asserted that success, in some measure, depends on the skills, educational background, experience and life circumstances that clients bring into the program.

*Business Proficiencies:* Most advanced these regarding specific skills and knowledge, such as business planning, sales and marketing. Skills development is the cornerstone of all training and technical assistance programs. Understanding which skills are critical to success (and when clients best learn them) was seen as critical to advancing the field's understanding of effectiveness.

*Personal Effectiveness:* Some underscored the importance of attitudes and behaviors -- such as the levels of self-esteem and focus, attitudes regarding money, and the capacity to set goals -- that could be affected by program intervention. In addition to these qualities, case management services that support low-income people's efforts to overcome personal barriers to entrepreneurship were highlighted.

*Participation Variables:* A final group suggested that the amount of training and technical assistance a client receives, either as part of the core service the program offers, or in the form of post-training (or post-loan) follow-up, might be crucial. Amounts and sequencing of services and type of services accessed should be considered.

In fact, many applicants proposed tracking some combination of the indicators associated with each hypothesis. Moreover, FIELD grantees have incorporated research designs that address each of these areas at least in part, and across a conceptual continuum that contains four stages:



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At the last stage, often associated with client exit, programs expect to see positive outcomes in both the client herself (or himself) and in the client's business. Indicators of these outcomes -- sometimes called final indicators -- reflect a range of hoped-for results (including increased business sales, markets, business profitability, increased personal and household income, etc.), but they are often hard for programs to measure. Tracking change requires that programs not only monitor progress when a client is involved in program activities, but also afterwards.

At the other stages, programs can track what are called intermediate indicators. These include (1) measures relating to participation in and graduation from training activities; (2) measures of acquired skills, such as doing a cash flow statement or a marketing plan; and (3) measures relating to life management skills, such as decision making, planning, developing support systems, etc. They also include measures of client characteristics, which represent "mediating variables" through which program services pass. FIELD grantee research is directed to understanding more clearly whether certain of these indicators are more closely linked to ultimate success than others.

The chart on the following page presents a more complete picture of this assessment framework, and where the grantees are focusing their research efforts.

Also included at the end of the chapter are summaries of the participating organizations and their research designs for those interested in a fuller picture of what the assessments address.

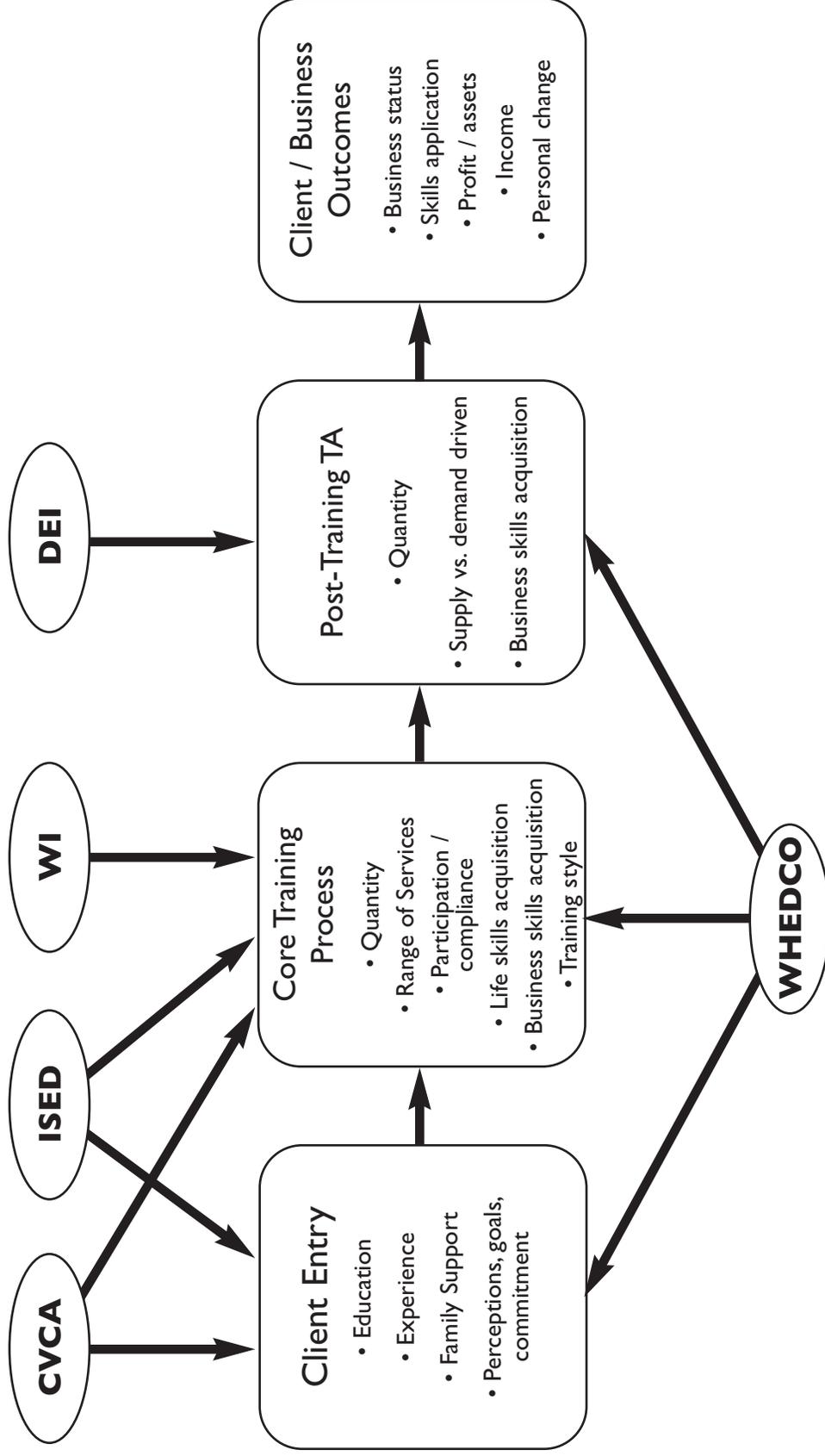
## **How to use this manual**

Practitioners interested in assessing their training and technical assistance services will find much to draw upon in this book. The summary assessment designs offer examples of how to plan a thorough research initiative. The tools also may be individually applied by organizations interested in focusing on specific elements of their training or technical assistance. Several tools offer ways to assess skills acquisition and use of skills after program completion. One is useful for assessing trainers' style. Two offer examples of instruments for on-site data collection at clients' businesses.

Many of these tools have the added advantage of generating information useful to clients. One, for example, helps clients assess their own perceptions and life circumstances, and how these might affect their business development efforts. Another helps clients measure their level of confidence in the skills they've been trained in, and compare that level with their assessment at class entry. A third helps clients set goals for technical assistance and track their progress in meeting them.

Each chapter begins with an introduction that identifies not only the central purpose of the tool, but also the stage of the training/TA continuum in which it is used, and the indicators that it uses. In this way, readers can better understand how it might meet their needs. The agencies that have produced these tools have developed them in precise relationship to the specific goals and training objectives of their programs. To the extent that readers' programs focus on different skill areas, the tools will need to be adapted.

# Training / Technical Assistance Assessment Framework



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After perusing the tools portion of the manual, it is recommended that the reader turn to the conclusion for some final thoughts about adapting one or more of the tools described here in order to produce meaningful results.

## **A word about analysis**

This manual does not provide detailed guidance on how to analyze the information collected through the administration of these tools. This is left to the reader. There are two reasons for this.

First, the FIELD grantees are applying these tools in complex research designs where data from multiple sources are collected and analyzed together. Some grantees have built special databases to input this data and intend to apply specific statistical tests.

Second, some of the tools produce qualitative data that needs qualitative analysis. This involves careful reading and categorization of the material into appropriate categories, in some cases actually converting the information into quantitative data for counting, and in other cases, reading for patterns and trends. Providing guidance in developing databases and analytic systems is beyond the scope of this manual, and readers are advised to seek technical assistance in these matters if necessary. However, some simple thoughts about analysis are included with each tool to stimulate the readers' own thinking about how to best use the data generated.

## **FIELD Grantees—Program and research profiles**

### ***Central Vermont Community Action Council, Inc. (CVCAC)***

CVCAC is a nonprofit anti-poverty agency operating since 1965 to provide economic and family services for low-income Vermonters. Its microbusiness development services offer low-income clients individual technical assistance, marketing assistance, mentoring and a variety of training options. Credit access is arranged through several sources. The organization emphasizes client self-selection and individualized services to meet each client's needs. Recent evaluation work has suggested to CVCAC that the amount and type of technical training clients receive do not seem to be determining factors in their success. More important appears to be the set of perceptions or "frames of reference" they bring into the program, and in particular their ability to develop more linear, focused and long-term ways of thinking. In fact, CVCAC's study concludes that even though participants shared similar levels of objective hardship, 93 percent of those characterized as exhibiting unfocused thought processes (present and survival-oriented, non-empathic, distrustful, depressive and unrealistic) left the project. Sixty-seven percent of those who started businesses exhibited more focused methods of thinking, including a realistic sense of the connection between work and benefits, and between risks and rewards, a clear perception of personal responsibility and an ability to carry out and modify plans.

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Using a qualitative research design, CVCAC seeks to develop measures that track clients' movement from one set of thought patterns to another, and to link these changes backwards to particular training interventions, and forward to specific business and personal outcomes. Evaluators have interviewed some 30 past participants to further test and develop the framework of measures, and staff is now applying them to at least 40 new and current participants engaged in training activities designed to support cognitive change, as well as provide basic business skills. Among the instruments being used are revised intake and tracking forms, in-depth interview guides and a family assessment matrix dedicated to identifying risks in the household that can bear upon a client's progress. CVCAC also is trying to understand differences between those clients who receive minimal services and those receiving more substantive assistance. Clients accessing credit also will be examined to see if there are differences between them and clients who do not seek credit assistance.

CVCAC's tools to help clients document and measure both the perceptions they bring with them at program entry, and the state of their life situation, are included in this manual.

### ***Detroit Entrepreneurship Institute, Inc. (DEI)***

DEI, a business development organization targeting welfare recipients and low-income individuals throughout Detroit, emphasizes a comprehensive, one-stop shop approach as the key to effective service provision. Clients participate in an 11-week training session, receive consulting services from successful business owners, and have access to credit, a computer center, reference library and graphic design assistance. In addition, welfare clients receive special training focused on personal effectiveness, support systems and job skills development. Nevertheless, despite this array of services, many DEI client businesses remain marginal. While clients can access consulting services for two years, the level of effort is modest. On average clients receive 10 hours of support, including mandated sessions during the 11-week training period.

DEI hypothesizes that more intensive services—weekly consultations in person or by phone, coupled with specially tailored guidance by industry experts—will provide a substantial boost in terms of sales, profit, income, asset accumulation, job creation and other business markers. DEI is tracking two groups of 25 clients each, one receiving this advanced level of services and the other accessing the organization's regular assistance package. Data is being collected from monthly financial statements, quarterly business management audits, annual interviews and focus group sessions. Clients also create a two-year action plan that establishes goals in specific areas of the business and is used to guide the technical assistance provided. Weekly reports by the consultants track accomplishments and issues in relation to these goals. In addition to comparing overall outcomes between the two client groups, this detailed information will allow DEI to better understand the critical skills clients need as their businesses evolve, and what to emphasize in up-front training as well as in ongoing technical assistance.

The manual contains the client action plan format, the weekly monitoring form used by consultants and the business management review.

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## ***The Institute for Social and Economic Development (ISED)***

ISED is one of the oldest and largest microenterprise programs in the United States, with headquarters in Coralville, and regional offices covering the state of Iowa. Over 11 years, it has served more than 5,300 clients, of whom more than 80 percent were low-income. ISED offers training and technical assistance at its regional offices and through a network of independent consultants, and serves as a broker to business financing provided by cooperating financial institutions. It also has a Research and Evaluation Division providing public policy research and social program evaluation services to government agencies and nonprofits. ISED's microenterprise training program focuses on business plan development and life management skills, and is supplemented with individual consulting and supplemental training.

Based on its experience, ISED believes that client characteristics, the training intervention, intermediate indicators of client success and final client outcomes are interconnected. Using a quantitative research design, ISED is tracking between 400 and 500 clients through its program to answer four key questions:

- How are client characteristics and differences in interventions associated with intermediate and final outcomes?
- Are various strategies differentially effective for clients with various characteristics?
- To what extent are intermediate indicators reliable proxies for final outcomes?

Multiple methods of data collection are underway including: intake forms to capture client characteristics; observation and interviews to capture training style; participation records to track amount and sequence of services; pre- and post-tests to capture acquired skills; and follow-up interviews and review of public assistance records to track actual outcomes. ISED plans to use statistical methods to analyze the relationships among the data generated by each process. Included in this manual are ISED's pre- and post-tests of training skills, and its tool to document training style (participatory to didactic).

## ***Women's Housing and Economic Development Corporation (WHEDCO)***

WHEDCO is a community-based organization providing housing, workforce development services and health and family services to women and families in need in the South Bronx, New York. Among its interventions is the Family Day Care Program providing basic and advanced training to assist women establish and operate legally registered and successful home-based child-care businesses. In addition to training, the program also supports a network of business owners offering ongoing support, referrals and technical training to women in their immediate project area. Staff also facilitates informal support groups for women contemplating the establishment of regulated businesses.

Family day care is an increasingly important sector for microenterprise development programming, playing a key role in the transition from welfare to work for many women -- both providers and those

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entering employment. In addition, as a professional field, it offers a career with options for advancement in several directions. WHEDCO seeks to understand which indicators are associated with success in operating a high quality and financially viable family day-care business, and is testing measures in four key areas: business development, professional development, and personal effectiveness as both a day-care provider and as an entrepreneur. Using an "opportunistic" sample of 30 new or recent network members, the qualitative research design involves tracking clients at intake and quarterly during home visits using standard checklists and instruments for evaluating family day-care homes/businesses. These will be complemented with review of participation records, participant observation and "loosely organized records" of staff interaction with participants. WHEDCO's MIS system will be further adapted to accommodate this wide variety of data sources. The system already allows the organization to track client participation across its various programs and services, providing the infrastructure to understand the effects of multiple interventions. Because early work by WHEDCO suggests that five particular attributes may be critical to success, they will be a special focus of analysis. They include: general orientation to training, length of time in business, personal and professional goals, literacy and educational attainment.

This manual includes WHEDCO's tools to assess client characteristics and resources, to understand and document clients' goals upon program entry, and their progress towards them.

### ***Women's Initiative for Self-Employment***

Established in 1988, Women's Initiative provides bilingual microenterprise development, training, consulting and financial services for low- and very low-income women in the San Francisco/Oakland areas of California. The organization implements a training-led model that requires all clients to participate in core training classes before accessing one-to-one technical assistance, peer support workshops, other business support services and financing. Women's Initiative's curriculum is based on the premise that there are certain skills all clients need to learn, understand and practice if they are to be successful in business. And, they are more likely to be effective if they experience personal growth at the same time. To this end, the curriculum includes 14 sessions devoted to business skills development and seven devoted to personal development training.

Women's Initiative is testing these premises using a mixed-method research model tracking 102 clients at program entry, through training and at five- to six-month intervals afterwards. Data is collected using a revised application form, participation tracking forms, post training confidence rating of specific skills and follow-up surveys assessing actual application of these skills in business and other settings, as well as business status. Progress toward economic self-sufficiency will be gauged by comparing household income to a California-based Family Self-Sufficiency Standard, developed by Wider Opportunities for Women.

Included in this manual are the post-training skills assessment tool and follow-up survey.

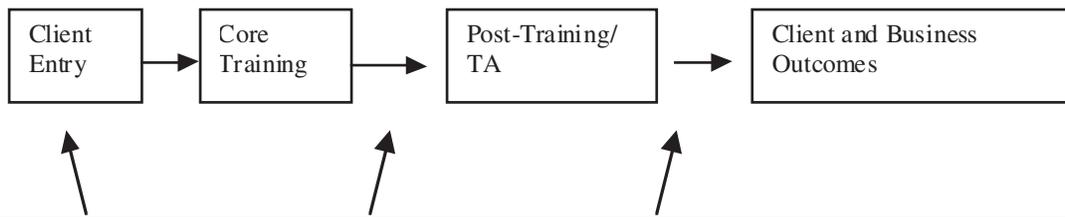
## CHAPTER 2: ASSESSING THE EFFECT OF PERSONAL CHARACTERISTICS AND LIFE CIRCUMSTANCES ON CLIENT SUCCESS

**Purpose:** As most microenterprise program staff have realized, there are a set of personal qualities that clients must exhibit if they are to effectively take advantage of microenterprise services and manage a microbusiness. These qualities include goal setting, intensity of focus, ability to plan and to follow through on those plans, and the ability to realistically assess one's own capacities and actions. Program staff also understands that life circumstances -- such as stability in housing and health, as well as a network of support -- also strongly affect a person's outcomes.

This section includes tools to assess where clients stand in relationship to such qualities and circumstances, and the extent to which training/TA has facilitated improvement in any of these areas. The tools were developed by Central Vermont Community Action Council, the Institute for Social and Economic Development and the Women's Housing and Economic Development Corporation.

### Tool 1: Central Vermont Community Action Council's Perceptions/Circumstances Assessment

**Stage:**



<b>Indicators:</b>	
<i>Perceptions:</i>	<i>Circumstances:</i>
<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Sense of realism</li> <li>• Goal-setting skills</li> <li>• Openness to feedback</li> <li>• Scheduling</li> <li>• Responsibility</li> <li>• Self-awareness</li> <li>• Family/work balance</li> <li>• Innovation</li> </ul>	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Phone</li> <li>• Transportation</li> <li>• Health</li> <li>• Alcohol and drug use</li> <li>• Supportive network</li> <li>• Community involvement</li> <li>• Learning opportunities</li> <li>• Freedom from threats of violence</li> <li>• Criminal, family court or civil lawsuits pending</li> <li>• Income level</li> </ul>

In addition to gathering basic demographic and business data on clients, CVCAC asks clients to complete a self-assessment of perceptions and life circumstances using a scale format allowing them to estimate the level to which their lives reflect a certain characteristic. There is also a narrative section allowing the clients to discuss or explain further any of the stresses or strengths that they exhibit.

After training or after technical assistance activities, the clients are asked to complete the Perceptions/Circumstances Assessment again. This allows them to reflect on changes that may have occurred in their personal, family, community and business life since their participation with the program.

## Analysis

The scales span seven points asking clients to make a qualitative assessment from "could not do ..." to "more to learn ..." to "could do." Each is a translation into simpler terms of frameworks and concepts adopted by CVCAC based on earlier work. A prior evaluation had suggested that clients' psychological frame of reference could be characterized as one of three states:

- "Unfocused" ... characterized by a survival in-the-present-moment orientation. Depression, distrust, and lack of empathy are common in this frame, along with difficulty distinguishing between what is realistic and what is not. The diffuse and sometimes conflicted thinking often present in this frame may not be as purposeful as that needed to develop a microbusiness.
- "Contextual:" ... characterized by movement from learned hopelessness and acceptance of self-defeating behaviors to self-actualization. A period of purposeful centering during which personal, then professional, growth can take place seems to be helpful in this frame.
- "Focused:" ... characterized by a realistic sense of the connections between work and its benefits and between risk and reward, strong empathy for others, clear perception of personal responsibility, and an objective and realistic future orientation, along with the ability to carry out and modify plans<sup>2</sup>.

CVCAC's experience leads them to believe that microenterprise support may be most suited for those in the second and third state, especially if the training and technical assistance process pays attention to the presenting personal development issues. The relationship between ratings on the scale and these frames of reference is as follows:

Don't have it yet	.....	Working on it.....	.....	Got it		
1	2	3	4	5	6	7
Unfocused	Unfocused to contextual	Contextual	Contextual to focused	Focused		
0.....	1.5.....	2.5.....	3.5.....	4.5.....		

The Circumstances scale is based on a simplified version of a "Family Assessment Framework" developed by the Family Housing Partnership Project of CVCAC. That model identifies a range of states in which clients can be located depending on the security or precariousness of their family and housing situations:

- "At Risk," which is at one extreme on the scale, is characterized by the lack of basic physical and social needs.
- "Safe," which is characterized by a middle ground of having some of one's basic physical and social needs met, but still needing more.
- "Thriving," which is the other extreme of the scale, where one has met all of the basic needs.<sup>3</sup>

2 Mary Neibling and Dan Kagan, "Perceiving the Opportunity to Become Self-Employed," July 9, 1998.

3 LuAnn Van Zeeland and Peter Perkins, FIELD Evaluation Project Discovery Report, June 30, 2000.

Again, at least a score in the middle seems to be required to take best advantage of microenterprise services. The relationship between the ratings scale and these concepts is as follows:

Don't have it yet .....	Working on it.....			Got it		
1	2	3	4	5	6	7
At risk	At risk to safe		Safe	Safe to thriving		Thriving
0.....	1.5.....	2.5.....		3.5.....	4.5	

As with other tools in this guide, this tool can help staff and clients analyze their situation on an individual level. Clients with the most severe deficits in either scale may require other types of personal and social services before they can take good advantage of business services and program staff can channel them to these services. Training and technical assistance strategies can also be designed to help clients who fall more in the middle of the scale by using adult learning techniques and processes to strengthen critical personal skills.

On an aggregate level, clients' average scores can be compared to the outcomes they report to determine to what extent their placement within the framework is predictive of results.



### **The new intake/orientation/assessment methodology and process instructions....**

Here is a short list of messages that we hope to convey during the intake process (especially when administering the Perceptions & Circumstances tool):

- We care and want to be useful
- We're interested in YOUR dream/goal/plan/business idea
- We want to support your choice of the best next step
- We are taking you seriously---we want to help you put in place all the supports needed to build your dream/goal/plan/business idea

After asking the new participant to complete the Perceptions & Circumstances tool, here are a few questions that might help to begin dialogue:

- What are a few things on the list that are strengths and will help you with the goal/plan/business idea that you have?
- What might be concerns or obstacles for you?
- What are your questions?

Next, please collect the Perceptions & Circumstances tool from them. Describe:

- We are involved in a research study and we are collecting this information so that we can better help people when they enroll in our program. It will be kept in a database and the information will be kept completely confidential.
- Would you like a copy to take home?  
Also, give out a copy of the resource guide so that participants can take it home with them.



Name _____
Date _____

## Survey of Perceptions and Circumstances

*Your answers to these questions will be kept confidential and will be used to help the Micro-Business program improve the way it helps people. You will have an opportunity to answer these questions again in one year. Respond by placing the number next to each statement that best represents your ability or situation at this time.*

don't have it yet.....working on it .....got it
1                      2                      3                      4                      5                      6                      7

### A. Your Perceptions

1.    \_\_\_ I listen well to other people.
2.    \_\_\_ I am able to express my opinions and feelings clearly.
3.    \_\_\_ I expect things of myself that are realistic.
4.    \_\_\_ I expect realistic things of other people.
5.    \_\_\_ I set goals for myself.
6.    \_\_\_ I achieve the goals that I set for myself.
7.    \_\_\_ I am open to feedback.
8.    \_\_\_ I can decide whether to use the feedback I receive to make changes.
9.    \_\_\_ I keep a calendar of my appointments and events.
10.   \_\_\_ I follow through on the appointments and events I schedule.
11.   \_\_\_ I take responsibility for my own actions, attitudes, and feelings.
12.   \_\_\_ I can identify my strengths and weaknesses honestly and realistically.
13.   \_\_\_ I can work and balance personal/family concerns.
14.   \_\_\_ I am willing to learn and try new things.
15.   \_\_\_ I can reach out and connect with other people.

### B. Your Circumstances

1.    \_\_\_ I have decent, affordable, safe housing.
2.    \_\_\_ I have a phone and the transportation I need.
3.    \_\_\_ I am aware of good health habits.
4.    \_\_\_ I have the resources (time, money, information) to support good health habits.
5.    \_\_\_ I practice good health habits.
6.    \_\_\_ I am aware of the negative effects of alcohol and other drugs.
7.    \_\_\_ I make responsible and healthy choices about the use of alcohol and other drugs.
8.    \_\_\_ I have a strong and supportive network of family and friends.
9.    \_\_\_ I am involved in my community.
10.   \_\_\_ I take advantage of opportunities to learn.
11.   \_\_\_ I am free from threats of violence.
12.   \_\_\_ I am free of legal hassles.
13.   \_\_\_ I make an income that is sufficient to meet my needs.

Please use this space if you want to explain any of the responses you made above, or to add anything else you would like to say about stresses or strengths in your life at this time.

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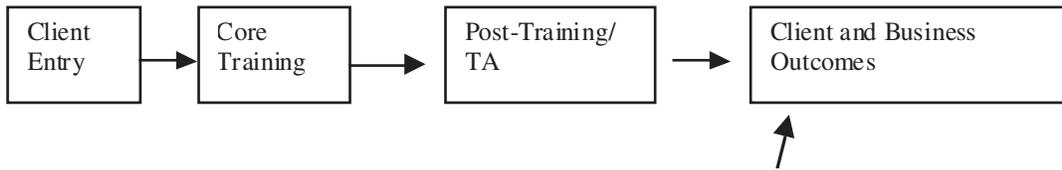
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## Tool 2: Central Vermont Community Action Council's Follow-Up Survey

### Stage:



<b>Indicators</b>
<i>Client Satisfaction</i>
<ul style="list-style-type: none"> <li>• Perceived usefulness of services</li> </ul>
<i>Transfer of Learning</i>
<ul style="list-style-type: none"> <li>• Work towards business goals</li> <li>• Progress on action steps</li> <li>• Resources used</li> <li>• Use of business "sound bite"</li> <li>• Engagement in business planning</li> <li>• Application of skills to other areas of life</li> <li>• Skills gained</li> <li>• Knowledge gained</li> <li>• Attitudes changed</li> </ul>
<i>Impact</i>
<ul style="list-style-type: none"> <li>• Business status</li> <li>• Capital access</li> <li>• Job creation</li> <li>• Referral to other services</li> <li>• Other income improvement goals</li> <li>• Employed</li> <li>• Improvements in personal life</li> <li>• Improvements in family life</li> <li>• Improvements in community life</li> <li>• Monthly income</li> <li>• TANF receipt</li> </ul>

CVCAC's follow-up survey tool is administered to clients a year after program entry, and aims to answer four principal questions:

- What is the client's evaluation of the services s/he received?
- Did the client learn the key lessons that the program seeks to convey in its training and technical assistance?
- How did the client use what was learned in his/her business or in other aspects of life?
- What outcomes have occurred as a result?

The survey form contains both closed and open-ended questions, but its structure is designed more to capture the client's own words and concepts than to provide an easy form for categorizing answers. It focuses very specifically on uncovering changes in a client's personal, family and community situations,

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## **Analysis:**

The closed questions allow a user to generate a quantitative analysis with respect to customer satisfaction, the numbers of business starts and expansions, jobs acquired or jobs created and capital accessed. Users can also determine the number and percent of clients who report implementing a few specific actions that have been encouraged by the program (setting goals, doing business planning, using "soundbites" to advertise one's business, etc.) and are presumed to serve as proxies for other knowledge and skills acquired.

The open-ended questions that ask clients to report changes in their personal, family and community situation depend on qualitative analysis. A skillful analyst may be able to read these replies and compare them to answers provided in the earlier Perceptions/Circumstances Assessment, although there is no direct correspondence between the way questions are asked on the two forms.

Nevertheless, the business, job and income outcomes can be quantified and compared with numerical scores that respondents demonstrated on the earlier tool. In that way, CVCAC can test whether hypotheses about frame of reference and minimal levels of stability/personal support do, indeed, correlate with greater economic success.

**Micro-Business Development Program**  
**Follow-up Survey**  
Current and Past Participants

Respondent Name: \_\_\_\_\_ Date of Interview \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Call back when: \_\_\_\_\_

Services received: \_\_\_\_\_

*Interviewer notes:*

*Verify with the participant that these were indeed the services received. Then use that info to customize the survey questions.*

**A. Services Received**

First I will ask about the services you received from the Micro Business Development Program. These two questions are open ended. Please just say what you remember about the services you received.

**1. What specific things worked well for you in the training, seminars, or one-on-one counseling you received from the Micro-Business Development Program?**

*Interviewer Notes:*

- a. List their responses as given or check off responses on the list – make sure the category clearly fits the response.*
- b. Do not read this list to the interviewee, but if they have difficulty thinking of a response, you may want to name one or two as examples.*

**Responses:**

Possible Categories

- \_\_\_ no response
- \_\_\_ gave me direction and/or steps to take
- \_\_\_ structure of offerings was clear, supportive, flexible
- \_\_\_ staff supported me
- \_\_\_ good technical knowledge and information
- \_\_\_ access to funding
- \_\_\_ positive and affirming

**2. What specific things did not work well for you in the training, seminars, or one-on-one support you received from Micro Business Development Program?**

*Interviewer Notes:*

*a. List their responses as given or check off responses on the list – make sure the category clearly fits the response.*

*b. Do not read this list to the interviewee, but if they have difficulty thinking of a response, you may want to name one or two as examples.*

**Responses:**

- no response
- felt set up by unrealistic expectations
- schedule wasn't good
- training was too general
- needed more technical information
- needed less technical information
- staff didn't explain information
- material wasn't clear
- my questions didn't get answered

## B. Transfer of Learning

The next questions I will ask about how you may or may not have used what you learned from the MBDP. These questions can be answered with a simple yes or no.

*Interviewer Notes:*

- a. Confirm with the participant the services completed that you have on your reference sheet.
- b. Ask only the sections that the person completed

### 3. Completed Business Readiness Training.

a) \_\_\_ Y \_\_\_ N Are you still working towards your goal?

b) \_\_\_ Y \_\_\_ N Have you made progress on your action steps?

*Note specifics steps taken:*

---

---

c) \_\_\_ Y \_\_\_ N Have you used the resources you identified to fulfill your goal and action plan?

*Note specific resources used:*

---

---

### 4. Completed Dream to Reality Training.

a) \_\_\_ Y \_\_\_ N Have you made progress on your action steps or business plan?

*Note specifics steps taken:*

---

---

b) \_\_\_ Y \_\_\_ N Have you continued to use your sound-bite to introduce yourself or your business?

### 5. Participated in 10 or more hours of one-on-one Technical Assistance counseling

a.) \_\_\_ Y \_\_\_ N Have you been doing effective business planning since leaving the MBDP?

*If No, why do you think you are not doing effective business planning?*

b) \_\_\_ Y \_\_\_ N Has what you learned from Business Counseling has been useful in other aspects of your life?

*If Yes, How?*

## C. Business Planning

The next questions I will ask about your thoughts and experiences with business planning now.

### 6. Which of the following applies to you and your business planning now?

*Interviewer Note:*

a) Ask respondent to respond to all of these statements with a yes or no to get all possible responses.

b) Ask for responses on questions 8 and 9 below only if they apply

- Yes     No    I have started a business. \* (ask question 7)  
 Yes     No    I have an expanded business. \*\*(ask question 8)  
 Yes     No    I am planning to start a business in 6 – 12 months.  
 Yes     No    I would like to start a business at some future point (more than 12 months).  
 Yes     No    I sold my business.  
 Yes     No    I closed my business.  
 Yes     No    Other?

### 7. \* For those who Started a Business

a) When did you start it? \_\_\_\_\_

b) Did you receive a Loan?

Y     N    From Whom? \_\_\_\_\_    How Much \$ \_\_\_\_\_

c) Did you receive other Capital?

Y     N    From Whom? \_\_\_\_\_    How Much \$ \_\_\_\_\_

d) Did you create new Jobs?

Y    If YES, How many? \_\_\_\_\_  
 N

### 8. \*\*For an Expanded Business:

a) When did you expand it? \_\_\_\_\_

b) Did you receive a Loan?

Y     N    From Whom? \_\_\_\_\_    How Much \$ \_\_\_\_\_

c) Did you receive other Capital?

Y     N    From Whom? \_\_\_\_\_    How Much \$ \_\_\_\_\_

d) Did you create new Jobs?

Y    If YES, How many? \_\_\_\_\_  
 N

### D. Other Success

These next questions ask you about other success you might have had as a result of participating in the Micro Business Development Program. Simply answer yes or no.

9. I will read a series of statements about things you might have received from the services offered through the MBDP. Please respond with a yes or no to each question.

- a) \_\_\_ Y \_\_\_ N      You were referred to other services that you needed at the time.

*If Yes*, what service were you referred to? \_\_\_\_\_

- b) \_\_\_ Y \_\_\_ N      You made goals to pursue other ways of improving your income, e.g. going back to school, specific skill training, seeking other employment, etc.

- c) \_\_\_ Y \_\_\_ N      You got a job instead of starting a business at this time.

*If Yes*, did anything you learned from the MBDP help you get the job?

\_\_\_\_\_

*If Yes*, how did it help you?

\_\_\_\_\_

## E. Effects on Other Areas of Life

Now I'm going to ask you four questions about how the Micro Business Development Program services may have possibly affected other areas of your life besides business. Instead of yes or no, please think on a scale of 1 - 7,

*1 being "No Improvements", 4 in the middle being "Some Improvements" 7 being "Lots of Improvements"*

Tell which number best describes your situation because of participating in the Micro-Business Development Program. *Interviewer Note: Repeat the question and the scale.*

**10. My personal life has improved as a result of being in the MBDP.**

*(such as mental health, physical healthy, social skills, self awareness, etc.)*

<i>No Improvements</i>	<i>Some Improvements</i>				<i>Lots of</i>
<i>Improvements</i>					<i>Improvements</i>
1	2	3	4	5	6 7

*Would you be willing to tell some of the things that improved? \_\_Y \_\_N*

Improvements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. My family situation has improved as a result of being in the MBDP.**

*(such as better communication, improved behavior, better parenting skills, etc.)*

<i>No Improvements</i>	<i>Some Improvements</i>				<i>Lots of</i>
<i>Improvements</i>					<i>Improvements</i>
1	2	3	4	5	6 7

*Would you be willing to tell some of the things that improved? \_\_Y \_\_N*

Improvements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12. My community life has improved as a result of being in the MBDP.**

*(such as involvement in your neighborhood, with friends, church, youth groups, other civic activities, etc.)*

<i>No Improvements</i>		<i>Some Improvements</i>			<i>Lots of</i>	
<i>Improvements</i>						
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>Would you be willing to tell some of the things that improved? <u>  </u>Y <u>  </u>N</i>						

**Improvements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Do you consider yourself to have had success (however you define that for yourself) as a result of your work with the MBDP?**

Yes     No

If Yes, Please describe \_\_\_\_\_  
\_\_\_\_\_

**F. Skills, Knowledge and Attitude Changes**

**Now I will ask you about the skills, the knowledge and the attitudes you gained and used because of participating in the Micro-Business Program. This is one open questions for you to respond as best as you can recall.** *Interviewer*

*Note: Write down named skills, knowledge and attitudes and how each was used after the program if they can name it.*

**14) What, if any, new or improved SKILLS, KNOWLEDGE OR ATTITUDES did you gain because of the training, seminars, or one-on-one counseling that you received? **AND** How have you used it since leaving the program?**

**New or Improved Skills/Knowledge/Attitudes?**

**Prompts:**

Examples of Skills and Knowledge: *how to market and sell, learned to listen, to do taxes, computer skills, decision making, strategic planning, steps to start a business.*

Examples of attitudes changed: *Know I can contribute, more self-confidence, less fearful, broadened scope of possibilities, responsibility and excited.*

**How have you used this Skill/Knowledge/attitude since leaving the program?**

## G. Final Miscellaneous Questions

Now I have a few quick questions finish up with. I will remind you that your responses are kept confidential as with this entire survey.

*Interviewer Note: Locate the participants income at start of program on the profile.*

15. Your monthly income when you started the MBDP was \$\_\_\_\_\_.

Has your income:

Increased

Decreased

Stayed about the same

16. Are you currently receiving welfare benefits?

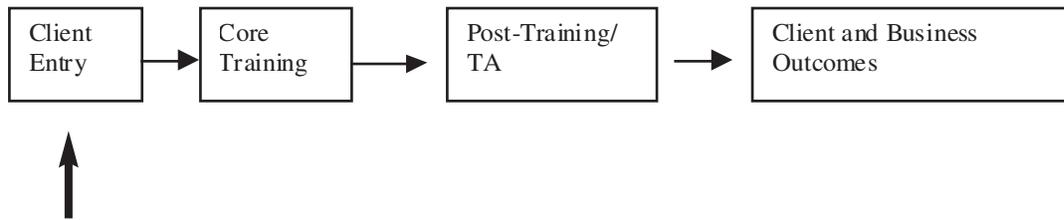
Y  N

17. What else would you like to say about your experience with the Micro Business Development Program that I did not ask you about?

Thank You for your time! You have helped us to learn more about the Micro-Business Development Program. *Goodbye.*

*Interviewer Comments such as uniqueness of interview or other participant comments that did not fit this format:*

### Tool 3: The Institute for Social and Economic Development's "Please Tell Us a Little About Yourself" Survey



<b>Indicators:</b>	
<i>Business Experience</i>	<i>Personal and Household Situation</i>
<ul style="list-style-type: none"> <li>• Current and prior business experience</li> <li>• Level of business research</li> <li>• Clarity of business idea</li> <li>• Work skills related to managing, operating a business</li> <li>• Duration of work experience</li> <li>• Budgeting</li> <li>• Time management</li> <li>• Organizational skills</li> <li>• Family business experience</li> <li>• Level of family support</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Telephone</li> <li>• Computer</li> <li>• Bank accounts</li> <li>• Personal support system</li> <li>• Secure housing</li> <li>• Working utilities</li> <li>• Income sufficiency</li> <li>• Child care</li> <li>• Caregiver responsibilities</li> <li>• Mental health issues</li> <li>• Abuse</li> <li>• Legal issues</li> <li>• Drugs/alcohol use</li> <li>• Health issues</li> </ul>

As with the CVCAC tool, this questionnaire asks a series of questions with respect to a set of personal and household issues that can support or negatively affect a client's capacity to develop a microbusiness. Unlike the previous tool, however, this form also asks a series of questions with respect to a client's current and prior business experience, including exposure that the individual may have had in her family. Almost all the questions are closed, requesting either a yes/no answer, or a rating along a scale. In two instances, respondents are asked to provide the number of years of work and business experience.

#### **Analysis:**

Because of the closed format of the responses, this tool lends itself easily to quantitative analysis. The user can develop a profile of its clients by looking at the frequencies or mean scores related to each characteristic. ISED, in applying this tool to one set of clients, for example, found that almost 65 percent of them considered themselves good at problem solving; over 95 percent had access to reliable transport; and 64 percent felt that there was someone they could count on for child care. On the other hand, over 40 percent characterized "paying your monthly bills" as a problem; some 24 percent saw mental health concerns as an issue; and between 30 to 35 percent had concerns about their own health or that of family members. While the majority of those responding chose to describe each of these problems as "slight," these responses can raise triggers for staff to identify clients who could benefit from other supportive services.

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Finally, the tool lends itself to an analysis of the relationship between client characteristics and success. Scores on specific variables can be compared to later outcomes to determine whether, for example, there is a link between one's family having been in business and the start-up or financial success of one's own business. Generating such "predictors of success" can help a program in providing guidance to prospective clients, as well as in developing appropriate compensatory services for certain issues.

**The Institute for Social and Economic Development**  
***“Please Tell Us A Little About Yourself”***

Today’s Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Business Trainer: \_\_\_\_\_

Class Number: \_\_\_\_\_

**Directions:** The purpose of this questionnaire is to better understand your current situation as well as your past experiences. The answers you provide are confidential. If you don’t wish to answer a specific question, just leave it blank. Your name will not be used in any reports of our findings from this study. Your answers will help us improve our program. *Thank you!*

**Being a Business Owner**

In this first section, we would like to understand what sort of research you did when you first started thinking about being a business owner.

1. Before this training, did you talk about owning a business with significant people in your life?

No

Yes

1a. Who did you talk to? *(Please mark all that apply.)*

your spouse or partner

your parents or step-parents

your brothers or sisters

your grandparents

other adult relatives

friends

business owners

other \_\_\_\_\_ (please write in)

1b. Overall, would you say that the people you talked to... *(Mark only one.)*

encouraged you to start your own business.

discouraged you to start your own business.

did not encourage or discourage—they were neutral.

} *Continue with question #2 below.*

2. Before you started this training, did you:

read any books on starting a business?

Yes

No

read any magazines on starting a business?

Yes

No

explore the Internet on starting a business?

Yes

No

take any other business training classes?

Yes

No

3. Before you started this training, how seriously did you check into owning your own business?

Not at all

Some

A lot

4. Which of these statements best describes you:

I had a definite business idea when I started this training and it has remained the same.

I had a definite business idea when I started this training, but it has changed.

I did not have a definite business idea when I started this training, but I have one now.

I did not have a definite business idea when I started this training and I still don’t have one.

## Skills

In this section, we would like to find out about skills you may have gained through work, volunteer activities, or running your home.

5. Have you had any:
- |  |                               |                               |                                |
|--|-------------------------------|-------------------------------|--------------------------------|
| work experience managing or supervising other people?                        | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> A lot |
| work experience being responsible for a geographical area for a business?    | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> A lot |
| work responsibilities that required daily opening or closing for a business? | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> A lot |
| jobs where you worked alone?   | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> A lot |
| jobs interacting with customers?   | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> A lot |
| jobs related to your current business idea?                                  | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> A lot |
| volunteer experience related to your current business idea?                  | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> A lot |

6. What is the longest you have ever worked at one job?

		→ Number of years _____ or
		(Fill in either years or months, not both.)
		→ Number of months _____

7. Do you consider any of these to be your strengths?

- |   |                                     |                                   |                                |
|---|-------------------------------------|-----------------------------------|--------------------------------|
| Keeping your home in order/housekeeping | <input type="checkbox"/> Not at all | <input type="checkbox"/> Somewhat | <input type="checkbox"/> A lot |
| Budgeting                               | <input type="checkbox"/> Not at all | <input type="checkbox"/> Somewhat | <input type="checkbox"/> A lot |
| Time management                         | <input type="checkbox"/> Not at all | <input type="checkbox"/> Somewhat | <input type="checkbox"/> A lot |
| Problem solving                         | <input type="checkbox"/> Not at all | <input type="checkbox"/> Somewhat | <input type="checkbox"/> A lot |
| Being able to prioritize                | <input type="checkbox"/> Not at all | <input type="checkbox"/> Somewhat | <input type="checkbox"/> A lot |
| Being organized                         | <input type="checkbox"/> Not at all | <input type="checkbox"/> Somewhat | <input type="checkbox"/> A lot |

## Family Situation

The next set of questions are about you and your family.

8. Overall, would you say that the people in your family are... *(Mark only one.)*

- not at all supportive of your idea to start your own business.
- somewhat supportive of your idea to start your own business.
- very supportive of your idea to start your own business.

9. Are you planning on any members of your family working in your business?

- No
- Yes

10. Do you:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| have access to reliable transportation    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| own a vehicle                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| know how to drive                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| have a driver's license                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| have access to a telephone                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| have access to a computer                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| have a bank account (checking or savings) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

11. If you needed help, is there someone:
- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| you can count on to watch your child(ren) for you?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA (No children) |
| you can count on to run errands for you?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| you can count on to lend you a car or give you a ride?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| you can count on to use their phone?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| you can count on to lend you money if you really needed it in a time of financial crisis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| you can count on to give you encouragement and reassurance?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Is there anyone who counts on <b>you</b> to give them any of these kinds of help?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |

12. To what extent is each of the following areas a problem for you or your family? Please use the following scale when answering these questions: 1=Not a problem at all, 2=A slight problem, 3=A moderate problem, and 4=A serious problem. Circle only one number for each item.

	<b>Not a Problem At All</b>	<b>A Slight Problem</b>	<b>A Moderate Problem</b>	<b>A Serious Problem</b>
Having a place to live	1	2	3	4
Having working utilities (lights, heat, water, etc.)	1	2	3	4
Keeping a working telephone	1	2	3	4
Maintaining reliable transportation	1	2	3	4
Paying your bills each month	1	2	3	4
Finding child care	1	2	3	4
Being the primary caregiver for an adult family member	1	2	3	4
Depression or other mental health concerns	1	2	3	4
Having an abusive or controlling person in your life	1	2	3	4
Legal issues	1	2	3	4
Your own use of drugs or alcohol	1	2	3	4
Use of drugs or alcohol by other family members	1	2	3	4
Your own health concerns	1	2	3	4
Health concerns of other family members	1	2	3	4

## Business Ownership Experiences

13. While you were growing up, did your family own or operate their own business (including farming)?

No

Yes

13a. Did you work in this family owned business?

No

Yes

13b. Did your family owning a business... *(Mark only one.)*

make you eager to own your own business.

turn you off of owning your own business.

have no effect on your decision to own your own business.

13c. Was your family's business at all related to your current business idea?

No

Yes } *Continue with question #14 below.*

14. Do you currently own or operate a business?

No

Yes

14a. Is your business

your main source of income?

a source of extra income?

} *Continue with question #15 below.*

15. Have you ever owned a business in the past that you no longer operate?

No

Yes

15a. How long did you own your business?

→ Number of years \_\_\_\_\_ or

*(Fill in either years or months, not both.)*

→ Number of months \_\_\_\_\_

15b. Was your business

your main source of income?

a source of extra income?

15c. Did you... *(Mark only one.)*

plan the end of your business?

not plan the end of your business?

15d. What was the primary reason you closed your business? *(Mark only one.)*

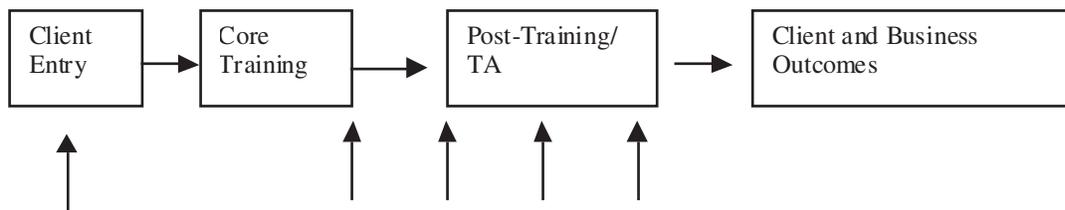
personal reason

financial reason

other reason: please write in reason \_\_\_\_\_

That was the last question of the survey. Again, all the answers you provided are confidential and your name will not be used in any of our reports. Thank you for the time you took in completing this survey—the information you provided is invaluable to us!

## Tool 4: Women's Housing and Economic Development Corporation's Quarterly Assessment of Resources



### Indicators:

- Setting
- Competition
- Level of support
- Freedom to make business decisions
- Housing stability
- Financial stability
- Health status
- English language literacy
- Native language literacy
- Financial pressure
- Welfare pressure
- Class attendance
- Follow-through
- Academic ability
- Conflict resolution skills with peers, teachers
- Competing demands
- Systemic barriers

WHEDCO's strategy represents the most qualitative of all with respect to noting the status of a client's characteristics and circumstances. While some of the characteristics parallel those found in the previous two tools, others are unique and relate to the characteristics of their clients (many of whom are Latina women for whom language can be a barrier, and who operate within fairly patriarchal households) or to the particular demands of family day care (where setting, the location of the business and its safety and attractiveness, is a key determinant).

Also unique is that the instrument captures staff assessment of the client, rather than the client's own assessment of her situation. WHEDCO staff are asked to assess clients for low, medium or high levels of each quality or aspect, and to write narrative statements with respect to these items on a quarterly basis, noting changes from the previous period where they are apparent.

### Analysis:

The low, medium and high ratings can be used in a quantitative analysis. Ratings can be tracked to see which factors change over time, and how this affects client success. Staff using a tool like this need to come to some common understanding of what each rating level means with respect to each factor. The more

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uniformly the tool is applied, the more useful the results will be for program analysis and client support. Information from this tool is being used in an in-depth, qualitative study of the effects of WHEDCO's interventions on members of its family day-care network. The comments are read in relationship to the goals that clients have established (see Chapter 3), and to the milestones that clients have achieved in developing their day-care business. Looked at systematically, they can offer rich insights into the particular dynamics of family day care, which factors are determinative if any, and whether specific assistance can help clients overcome the most challenging barriers. Such an analysis requires a skilled reader and observer, but can generate provocative findings for a program interested in an in-depth look at its services.

**Women's Housing and Economic Development Corporation  
 QUARTERLY ASSESSMENT OF RESOURCES**

Provider: \_\_\_\_\_

Date: \_\_\_\_\_

**Client Characteristics/Circumstances**

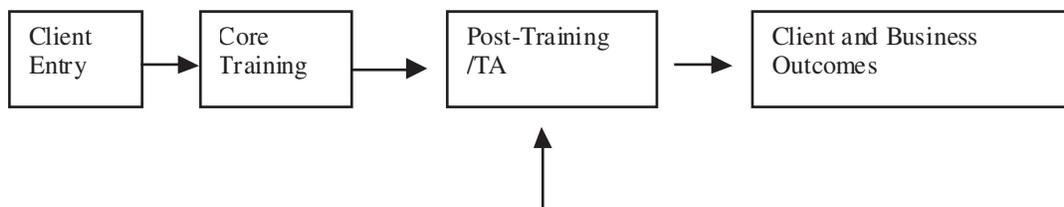
	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Comments</b>
<b>Setting</b>				
<b>Competition</b>				
<b>Level of support</b>				
<b>Freedom to make business decisions</b>				
<b>Child care mentality (business woman/babysitter)</b>				
<b>Housing stability</b>				
<b>Health status</b>				
<b>English language literacy</b>				
<b>Native language literacy</b>				
<b>Financial pressure</b>				
<b>Welfare pressure</b>				
<b>Class attendance</b>				
<b>Follow-through</b>				
<b>Academic ability</b>				
<b>Conflict resolution skills with peers, teachers</b>				
<b>Competing demands</b>				
<b>Systemic barriers</b>				
<b>Other</b>				

## CHAPTER 3: ASSESSING A CLIENT'S PROGRESS AGAINST HER (HIS) OWN GOALS

**Purpose:** While microenterprise programs intend to foster clients' acquisition of specific skills and knowledge, they recognize the prime importance of helping individuals use program services to accomplish their own goals in a time and manner that best suits their circumstances. The purpose of these tools is to help both clients and organizations to articulate the goals towards which the client is working, to develop a training and/or technical assistance plan that contributes to those goals, and to assess progress made. Tools from two organizations are featured here, offering two approaches to this challenge.

### Tool 5: Detroit Entrepreneurship Institute's Two-Year Client Action Plan

**Stage:**



DEI has offered a select group of clients weekly one-on-one technical assistance for a two-year period. To give focus to these services, clients are expected to identify specific goals that they wish to achieve in the following areas: marketing, management, and finances. They can specify goals in other areas as well. In addition to specifying goals, the client and her/his consultant also determine the actions that the client would need to take to achieve these goals, the resources they would need, and the outcomes that would signal the achievement of these goals. The plan is then assessed quarterly in a narrative format.

#### Indicators:

- Client-determined in the areas of marketing, management and finances

The client action plan serves two functions: it helps clients "translate" the business plan they have developed into a set of more discrete and manageable goals; it also governs the work of the DEI consultant, clarifying the technical support for which the consultant is accountable to the client. An example from one client's plan shows how this is developed:

<p><b>Marketing Goals:</b></p> <ul style="list-style-type: none"> <li>• Attract more customers</li> <li>• Identify target markets that want or need the product</li> <li>• Identify and use the media forms that will appeal to potential customers</li> <li>• Expand the product line</li> <li>• Increase contact with trade associations and business groups to build strong networks for Marketing</li> </ul>
<p><b>Activities and Duration:</b></p> <p>Immediate (6 months or less):</p> <ul style="list-style-type: none"> <li>• Revise media tools such as business cards and brochures</li> <li>• Develop a media package for the promotion of the business</li> <li>• Establish a target market listing of potential customers</li> </ul> <p>Intermediate (1 to 2 years):</p> <ul style="list-style-type: none"> <li>• Select and advertise in media forms that reach target market</li> <li>• Create Web site</li> <li>• Participate in trade shows and network with industry peers</li> <li>• Evaluate product line</li> </ul>
<p><b>Resources Needed:</b></p> <ul style="list-style-type: none"> <li>• DEI graphic department assistance to develop media tools</li> <li>• Comprehensive marketing plan (to be developed with consultant)</li> <li>• Slide presentation to promote the business</li> </ul>
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• All businesses in local community know the client's business</li> <li>• Stronger customer base and healthy cash flow</li> </ul>

On a quarterly basis, the consultant and client review the progress made, and the consultant writes up a narrative report identifying accomplishments, issues and recommendations for the next quarter. That document is reviewed and signed by the client.

### **Analysis:**

Because both tools, the action plan and quarterly report, are narrative documents, a qualitative analysis is required. First and foremost, the consultant and the client use the forms to assess whether business progress is occurring and whether the consulting relationship is working. Secondly, the organization can review the documents and use them as a basis for strategy discussions with the consultant in order to improve the quality of services provided. On a broader level, documents for a pool of clients can be read to determine general patterns in the needs of clients, their use of services, and the results. Such a content analysis can provide a powerful understanding of the progress, barriers, challenges and accomplishments of program clients, and generate rich thinking about how best to deliver program services for significant change.

**Microenterprise Fund for Innovation, Effectiveness, Learning and Dissemination  
Detroit Entrepreneurship Institute, Inc.  
FIELD: Advanced Level Services Research Project**

**Two Year Client Action Plan  
Cover Sheet**

Date \_\_\_\_\_

ALS Consultant \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Pager \_\_\_\_\_ Home Telephone \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Days of the Week \_\_\_\_\_

**FIELD: Advanced Level Services**

**Action Plan**

The following represents the primary areas of technical assistance that will be provided by the Advanced Level Business Consultant. The plan is to span a two-year period of time. There will be a quarterly assessment of the plan to assess progress with obtaining the stated goals. If you need additional space, please use the back of the sheet.

**Marketing:**

**Goals:**

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**FIELD: Advanced Level Services**

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**FIELD: Advanced Level Services**

**Activities:**

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**FIELD: Advanced Level Services**

**Activities:**

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**FIELD: Advanced Level Services**

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**Duration of Activities:**

**Immediate (6 months or less)**

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\_\_\_\_\_  
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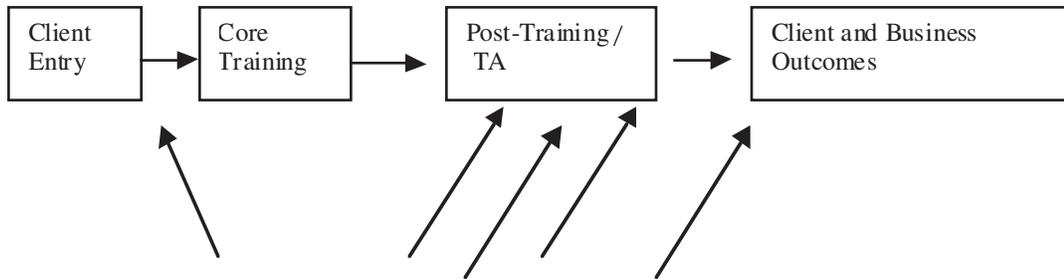






## Tool 6: Women's Housing and Economic Development Corporation's Individual Logic Model Service Plan

### Stage



A logic model defines the causal chain that links program services to the intermediate and final outcomes that the program should produce if it is effective. WHEDCO assumes that in addition to its own program logic, each client who enters their program has her own sense of the goals she wishes to achieve and the services that she believes will enable her to accomplish them. Program success needs to be defined not only by objective standards, then, but also by how well clients do in achieving their own ends.

### Indicators:

- Client-determined, based on roster of services offered by WHEDCO and actions that business requires

Clients are expected to complete a "logic model service plan" quarterly that contains two parts. The first part offers a menu of options for the client to work on. These actions include a variety of training events and seminars that WHEDCO has scheduled over the next three months. They include:

- Enrollments in formal education and in basic family day-care training
- Business development workshops on such topics as basic bookkeeping, marketing, taxes, etc.
- Program development workshops, designed to increase the providers' skills in offering a strong child-care program, including such topics as lesson planning and developing meal plans, and
- Personal development/barrier removal activities offered through WHEDCO's family support services. These include: stress management, self-esteem counseling and crisis intervention.

The program's Home Visitor administers the instrument during the quarterly home visit, and the provider is asked to select workshops from the WHEDCO calendar and schedule TA sessions around specified topics. This process concretizes the exercise, improves planning and exacts a commitment from the provider to herself and the program. The goals section is also administered and reviewed at the home visit. The provider is asked to name one to three goals that are a priority for the following quarter. The goal could have a completion date within that quarter or a longer period, but the first steps would be taken over the following three-month period. Once the client identifies the areas on which she expects to focus in the coming quarter, she then lays out a month-by-month plan for doing so. The plan serves as a guide

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for her and for Family Day Care program staff. The accomplishment of these goals can be assessed at the end of each quarter. The logic model that precedes the workplan specifies the range of likely goals that the client will pursue, along with the list of training offerings that WHEDCO provides. The first column of the logic model lists the client characteristics and circumstances indicators that were presented in the earlier tool.

**Analysis:**

As with the DEI tool, this document first and foremost serves to govern the relationship between client and program, making each mutually accountable for the client's success. At the end of each quarter, clients and program staff review the document and make plans for the next quarter. A quantitative analysis is also possible. The program can track the number of activities that clients seek to engage in per quarter. It can generate data linking selected activities to client tenure (amount of time in the family day-care network), and it can generate ratios of completed actions to intended ones. Retrospectively, it can examine success indicators selected by the client (such as establishing a family day-care business, achieving targets for the number of children in care, and income) in relationship to the client's use of program services, and to the other action steps on which she has worked.

**Women's Housing and Economic Development Corporation (WHEDCO)  
Family Day Care Training and Network Support**

**INDIVIDUAL LOGIC MODEL**

<b>RESOURCES</b>	→	<b>SERVICE PLAN</b>	↔	<b>GOALS (Q)</b>	→	<b>GOALS (12-Mo.)</b>
<p><b>Client Characteristics/Circumstances</b>            Setting:            Support:            Freedom:            Childcare mentality:            Housing Stability:            Financial Stability:            Health status:            Ed. Attainment:            Literacy (Eng.):            Literacy (Sp):            Financial pressure:            Welfare pressure:            Academic ability:            Class attendance:            Follow-through:            Conflict resolution:            Competing demands:            Systemic barriers:            Orientation to children:            Maturity:            Energy level:            Assertiveness:            Problem solving:            Previous exp.:</p> <p><b>Training Characteristics</b>  <u>Array of classes:</u>            Early Childhood,            Business Mgmt,            Marketing  <u>Scheduling:</u>            Flexible  <u>Service Types:</u>            Training &amp; TA  <u>Service delivery:</u>            classroom, home;            group, one-on-one;            Teacher-led, peer-to-peer  <u>Other services:</u>            Access to market,            CACFP, Trickle Up,            EIP scholarships,            Drop-In child care.  <u>Adjunct services:</u>            Social services,            fitness center,            advocacy</p>	<p align="center">→</p> <p><b>Training/TA</b></p> <p><u>Education</u>  <i>(Classes)</i>            Introductory FDC            Supplemental FDC            Advanced FDC            Credit-bearing course            Degree program            Accreditation            ESL            GED</p> <p><u>Business Dev.</u>  <i>(Workshops &amp; Seminars)</i>            Basic Bookkeeping            Marketing            Tax Seminar            Record keeping            Bus structure (S)            Insurance (S)            Trickle Up            Bus. Planning            Banking/Budgeting            Bus. Plan</p> <p><u>Program Dev.</u>  <i>(Workshops)</i>            Lesson Planning            Media Literacy            Nutrition            Communications            Health &amp; Safety            Conflict Resolution            Teaching reading</p> <p>Personal Development/            Barrier Removal  <i>(with Family Support)</i>            Stress Mgmt            Peer Support            Advocacy Skills            Self-esteem            Counseling/            Crisis Intervention</p>	<p align="center">↔</p> <p><b>Business Management</b>            Parent/Provider            Contract            Office space            Files            Record keeping            Tax prep. /pay            Other:</p> <p>Early Childhood            Educator            Academic/adult degree            Certification            Dev. learning env.            Active listening            Conflict resolution            Positive discipline            Multiculturalism            Other:</p> <p><b>Regulated Provider</b>            30-hrs training            Supplemental T.            Safe environment            CACFP            Back-up provider            Year-round hrs.            Extended hrs.            Other:</p> <p><b>Bus. Dev./Entrepreneur</b>            Marketing materials            Increase #in care            Better payer mix            Better fee structure            Juggle foster care            EITC            Trickle Up            EIP scholarship            Welfare advocacy            Competitive edge            IDA, savings            Income pkg. plan            Asset-bldg plan            Leave poverty            Leave welfare            Shift to wage employment            Other:</p>	<p align="center">→</p> <p><b>Business Management</b>            Parent/Provider            Contract            Office space            Files            Record keeping            Tax prep./pay            Other:</p> <p>Early Childhood            Educator            Academic/adult degree            Certification            Dev. learning env.            Active listening            Conflict resolution            Positive discipline            Multiculturalism            Other:</p> <p><b>Regulated Provider</b>            30-hrs training            Supplemental T.            Safe environment            CACFP            Back-up provider            Year-round hrs.            Extended hrs.            Other:</p> <p><b>Bus. Dev./Entrepreneur</b>            Marketing materials            Increase #in care            Better payer mix            Better fee structure            Leverage FCare            EITC            Trickle Up            EIP scholarship            Welfare advocacy            Competitive edge            IDA, savings            Income pkg. plan            Asset-bldg plan            No welfare/pov:</p>			

**Women's Housing and Economic Development Corporation (WHEDCO)  
QUARTERLY WORK PLAN**

Provider: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

SS#: \_\_\_\_\_

Welfare Status: \_\_\_\_\_

Family Day Care Registration Date: \_\_\_\_\_

*Network and Provider will define steps to be taken, in order to satisfy training requirements and achieve quarterly and yearly goals.*

Training (from Service Plan)	Month 1:	Month 2:	Month 3:	Training Completed?		Comments:
				Yes	No	
1.						
start date:		expected date of completion:		extended dates:		
2.						
start date:		expected date of completion:		extended dates:		
3.						
start date:		expected date of completion:		extended dates:		
4.						
start date:		expected date of completion:		extended dates:		

Goals (Quarterly)	Month 1:	Month 2:	Month 3:	Goals Assessment			Comments
				Excellent	Satisfactory	Needs/Wants Improvement	
1.							
2.							
3.							
4.							

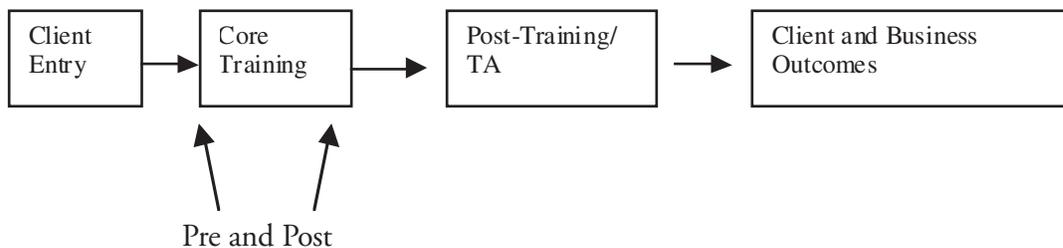
Goals (12 month)	Date:	Date:	Date:				
1.							
2.							

## CHAPTER 4: ASSESSING SKILLS ACQUISITION THROUGH TRAINING

**Purpose:** The purpose of these tools is to help an organization understand the extent to which clients are capturing the core skills that staff seeks to teach clients through their core training activities. Tools from two organizations are featured here, as they focus on different steps along the process of learning and applying new skills and information.

### Tool 7: The Institute for Social and Economic Development's Business Concepts Questionnaire

**Stage:**



ISED's research design includes data collection instruments applied at all stages of the training/TA continuum. This specific tool tracks the change in clients' knowledge and skills before and after training. The same tool is administered twice, at week 4 (weeks 1-3 are dedicated to an initial introduction of entrepreneurial training, and includes self-screening and selection) and the week before the end of training.

#### Indicators:

- Confidence level in specific business concepts

ISED does not test clients on specific content knowledge but asks clients to estimate their level of confidence in understanding 15 key business skill areas that are addressed in their training. The organization believes that clients would not be comfortable with content-based tests, which suggest a school-like environment. They also believe a client's perception of her/his understanding is a fairly good proxy for assessing the underlying understanding itself.

The instructions that accompany the tool are self-explanatory. Note that clients receive their first test back after completing the test the second time, so they can see how their own assessment has changed over time.

#### Analysis:

Because the tool is set up as a scale from 1 to 5, where 1 = "not at all confident" and 5 = "confident," it is easy to calculate averages for the group. The pre- and post- averages can be compared to see the degree of change (plus or minus) and where the most notable differences are.

**Institute for Social and Economic Development  
Business Concepts Questionnaire**

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Trainer: \_\_\_\_\_ Class Number: \_\_\_\_\_

**Directions:** For each of the items below, please ask yourself: How confident would I be if I were asked to explain each of the following business concepts to another person who does not know anything about the concepts?

Please use the following scale when considering each concept:

- 1 = Not at all confident. You have no idea how to explain the concept to a new person.
- 2 = You would have some difficulty describing the concept. You could provide only little information.
- 3 = You can say something about the concept, but you really are not certain if it is complete.
- 4 = You are able to describe the concept in some detail and you are reasonably sure it is accurate.
- 5 = Confident. You would be able to accurately describe the concept to another person. You know that the explanation that you have provided is correct.

The following phrases describe general business concepts. Please circle one number only to show how confident you feel right now that you could explain each concept to someone else.

**Today, I feel confident that I can explain . . .**

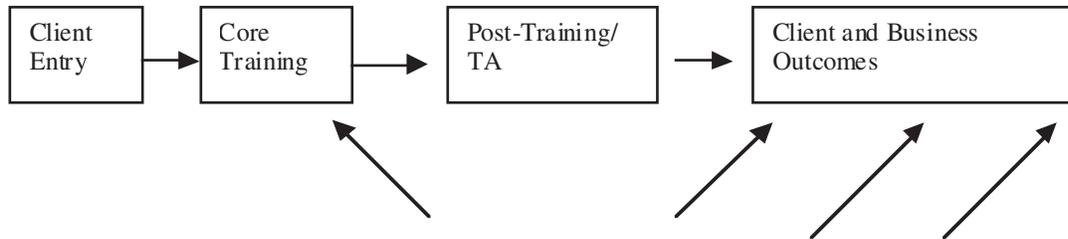
	<b>Not At All Confident</b>				<b>Confident</b>
the reason for having a business plan.....	1	2	3	4	5
the four major sections of a business plan.....	1	2	3	4	5
the information you need to take to the bank to get financing.....	1	2	3	4	5
the role that "character" plays when getting a loan.....	1	2	3	4	5
what goes on a cash flow sheet.....	1	2	3	4	5
the importance of monthly cash flow projections.....	1	2	3	4	5
a target market.....	1	2	3	4	5
some of the guidelines for setting goals.....	1	2	3	4	5
what steps to take to rebuild a person's credit .....	1	2	3	4	5
how to research where to find customers.....	1	2	3	4	5
the importance of time management.....	1	2	3	4	5
how to conduct a feasibility study of a business idea.....	1	2	3	4	5
some no-cost, low-cost ways to promote your business.....	1	2	3	4	5
some of the factors of choosing a location for your business.....	1	2	3	4	5
the importance of knowing the community in which you operate your business..	1	2	3	4	5

**Please ask yourself . . .**

	<b>Low</b>		<b>Moderate</b>		<b>High</b>
What is your confidence to run your business successfully?.....	1	2	3	4	5
What is your confidence in your ability to go out and get customers?.....	1	2	3	4	5

## Tools 8 and 9: Women's Initiative for Self-Employment's Post-Training Assessment of Confidence and Six-month Follow-Up Survey

Stage:



Women's Initiative's research design is focused on understanding the extent to which skills learned during training are applied in the client's business or in other areas of her life. To that end, the data collection process commences at the conclusion of training, and then continues at six-month intervals thereafter. The first instrument, applied during class 12, is a written questionnaire that each client completes. The second instrument is a similar written questionnaire, completed by the trainer, with her assessment of the client's status and skill levels at the same time period. The final instrument is a survey that is administered by phone by a Women's Initiative staff person.

### Indicators:

- Business status
- Confidence level in understanding specific business skills
- Trainer assessment of clients' understanding of specific business skills
- Education
- Employment status
- Public assistance status
- Job creation/stabilization
- Business location
- Application of business skills
- Business income and expenses
- Business assets and liabilities
- Personal income
- Household income and expenses
- Household assets and liabilities

Women's Initiative has made special efforts to define very specific indicators for business status and for skills. As can be seen in the instruments, business status is divided into three stages:

- Pre-business planning stage
- Start-up
- Existing business

There is a set of indicators for each stage that supports both clients and staff in localizing what stage a business is in, and ensures consistency across individuals using the instruments. There is also a set of

indicators for non-business outcomes that allow clients to specify whether they are pursuing more training or employment, and what their thinking is regarding any future pursuit of business.

Women's Initiative has also defined 15 business skills that are the focus of their classroom training. In the questionnaires and the follow-up surveys, more than 15 questions are asked about these skills, however, as staff have identified a set of indicators that reflect actual understanding and use of the skill in a business setting. For example, consider the following:

Business Skill	Questions in Post-Training	Indicators in Six-month
<ul style="list-style-type: none"> <li>The ability to develop a marketing strategy and plan</li> </ul>	<ul style="list-style-type: none"> <li>Do you know the tools you have available to promote your product/service? (question to client)</li> <li>Does the client know the tools they have available to promote their product/service? (question to trainer)</li> </ul>	<ul style="list-style-type: none"> <li>I am using my 30-second commercial about my business.</li> <li>I am using the major marketing strategies I developed in the Managing course in my business.</li> <li>I have made adjustments to my marketing strategy since I began to market my business.</li> <li>I make adjustments to my business based on my marketing experiences.</li> </ul>

The specific indicators found in the follow-up survey resulted from a set of brainstorming and reflections among Women's Initiative training and evaluation staff. They represent their best thinking about specific actions that reflect client's incorporation of the skills into their business operations. The numbering on the right hand of the survey allows the reader to see which set of actions relate to which key skill.

Women's Initiative also believes that business skills may have broader application in a client's work and personal life. In fact, the organization has done a careful analysis of the relationship between specific business skills and the underlying competencies that clients strengthen while learning the skill. As the organization has stated:

"Running a small business requires many skills and competencies. When we look at what a client must do to run a business, we can see that this involves **who** the client is, **what** they do and **how** they do it. The Core Business Skills are **what** they do in order for their business to function. The Core Competencies are about **who** the client is and **how** they do what they do. We teach skills (**what** the client does to run a business) but our curriculum is based in the competencies that clients bring and develop through our training." (Women's Initiative for Self-Employment: "Learning Update: Skills vs. Competencies," undated)

Women's Initiative has identified 11 core competencies that relate specifically to the skills they teach. Note that the questionnaires and survey don't ask specific questions related to these competencies. However, in the six-month follow-up survey, clients are given the opportunity to indicate how and where the skills they've been taught are used in other areas of their life. It is hoped that the qualitative answers to this question will shed light on the use of skills and competencies in other arenas.

On the next page is the full list of skills and competencies.

## Analysis

As at ISED, Women's Initiative has created an Access database to record and analyze the varieties of data they collect. The information generated by the use of the three instruments can be used to create a substantial amount of useful information. The post-training questionnaires can provide, for example,

- The average levels of confidence indicated by clients regarding mastery of core skills, and
- The average level of confidence in mastery indicated by trainers

Users can also identify the skills clients indicate they have the highest levels of understanding at the program's conclusion and this can be compared with the trainers' assessment. Because Women's Initiative collects baseline data on a series of demographic indicators (such as education and experience), these can be compared to the results from the skills assessment to see whether there are any correlations in terms of scores.

Core Business Skills	Core Competencies
<ul style="list-style-type: none"> <li>• The ability to define and clarify the business vision</li> <li>• The ability to identify the target market</li> <li>• The ability to identify and assess competition</li> <li>• The ability to develop a pricing strategy</li> <li>• The ability to develop a marketing strategy and plan.</li> <li>• The ability to develop a sales technique</li> <li>• The ability to develop sales and production cycles</li> <li>• The ability to develop business specific processes and procedures</li> <li>• The ability to establish record keeping procedures</li> <li>• The ability to analyze business costs and make a budget</li> <li>• The ability to make cash-flow projections</li> <li>• The ability to use breakeven analysis</li> <li>• The ability to understand basic financial statements</li> <li>• The ability to research and seek financing and funding</li> <li>• The ability to identify and develop the components of a draft business plan</li> </ul>	<ul style="list-style-type: none"> <li>• Self-aware</li> <li>• Committed/engaged</li> <li>• Flexible</li> <li>• Values-driven</li> <li>• Future-focused</li> <li>• Open to new learning</li> <li>• Ability to plan</li> <li>• Effective communication</li> <li>• Networking/connecting</li> <li>• Decision making</li> <li>• Problem solving/critical thinking</li> </ul>

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The six-month follow-up survey enables the user to know:

- The average level of the use of each skill
- Skills with the highest level of use (frequency)
- Skills with the lowest level of use (frequency).

Because the instrument also collects information on business stage, the user can also determine whether there are differences in:

- The skills used by clients at different business stages (pre, start-up, established)
- The skills used by clients in expansion or stabilization processes.

Finally, the follow-up survey allows the user to document outcomes in terms of business status, employment, education, profit, income and assets. It allows one to know the relative proportion of clients' income that comes from business activities. It also permits one to compare income increases experienced by business owners versus clients who have chosen other economic options.

Relating data from the survey to the post-training questionnaire also allows the user to see if there is any correlation between the confidence level expressed regarding skills at the end of training and their actual use. Further, users can correlate that confidence level -- as well as the level of skills used -- with the status of the business. In this way, a program can understand the extent to which their training has direct effects on the outcomes clients achieve.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

**MANAGING YOUR SMALL BUSINESS, Class 12**  
***Accomplishments and Goals***

One way to keep up your momentum is to identify what you accomplished, and to outline your next goals. This information also helps Women's Initiative to document, in your words, how you have progressed and your plans for the future. Please take the time to fill out the next few pages. Please do not hesitate to use the back of each page to make additional comments. We will collect, copy, and then return these pages to you by the end of graduation day. Thank you!

**My most important accomplishments over the program period were:**

- 1.
  
- 2.
  
- 3.

**My main goals for the next 6 months are to:**

- 1.
  
- 2.
  
- 3.

**The next 3 steps I need to take to reach these goals are:**

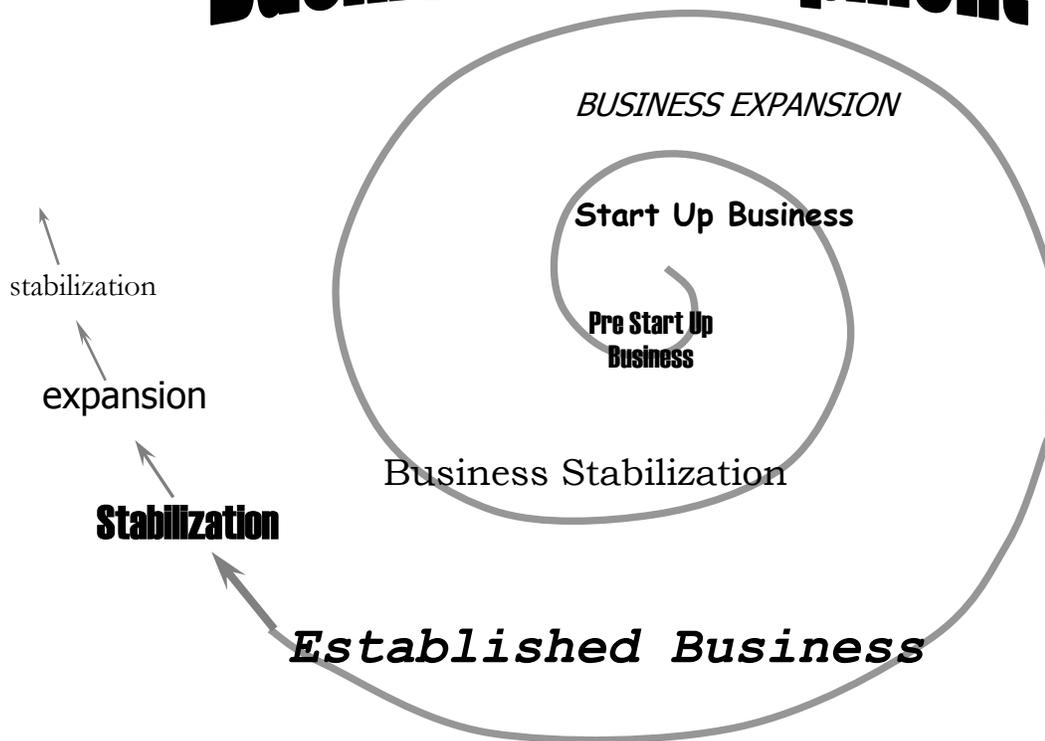
- 1.
  
- 2.
  
- 3.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please let us know what's changed for you and your business since you started the "Managing Your Small Business" workshop.**

- The business development spiral shows the stages in business growth. The following pages give you an opportunity to tell us where your business is on this spiral.
- The information you provide tells us what phase your business is in: "start up", "stabilization", "expansion", etc..
- Women's Initiative plans to use this information to help track what happens to WI participants' businesses over time in order to design better programs and services. Thank you!

# Business Development



## **BUSINESS STATUS**

1. **Since you started the workshop, what's new for you and your business?** 1) Read all of the following options

2) Choose **ONE** option that best fits your business (if none apply to your business please skip to question # 4)

3) Check all the statements that apply to you in that option

**Option A: I AM PLANNING MY BUSINESS** (Pre Start-Up)

- I am planning to start my business in the next 6 to 12 months
- I am able to articulate a clear business vision and mission
- I am pursuing a viable business idea
- I am refining my product/service
- I am not currently making consistent sales(not including test marketing)
- I am establishing my customer base
- I am doing market research
- I am attending to personal finances

**Option B: I HAVE A NEW START-UP BUSINESS**

- My business made its first sale within the last 12 months (or first sale since joining WI), and is beginning to make consistent sales.
- I have established specific, measurable goals to implement my business mission
- I have developed a marketable product or service
- I have built an initial customer base
- I have begun implementing a marketing strategy or plan
- I have demonstrated a viable relationship between price, sales, and cost
- I have developed cashflow projections for the coming year and an operating budget

**Option C: I HAVE AN ALREADY EXISTING BUSINESS**

- My business has made over 12 months of sales (more than 1 year from 1<sup>st</sup> sale)  
When did you first start to make sales? \_\_\_\_\_month \_\_\_\_\_year
- I have an existing customer base
- I have a history of tax records and documentation
- I have done some marketing
- I have some systems and operations

2. **My existing or start-up business has changed in the following ways:** *Please choose one or both options and check all that apply*

**Option A: MY BUSINESS HAS STABILIZED**

I have reached or exceeded break-even (sales exceed operating expenses after taxes and before owner/partner draw; not including start-up funds invested)

I have established formal or informal systems (recordkeeping; client files; billing; inventory tracking; payroll; bookkeeping; etc.)  
(specify: \_\_\_\_\_)

Have you done any of the following? (not required)

I have secured a license or permit  
(specify: \_\_\_\_\_)

I have established a business bank account

I have begun to pay business and/or quarterly taxes

I have signed a business lease

I have hired paid employees (how many Part Time? \_\_\_\_\_ how many Full Time? \_\_\_\_\_)

**Option B: MY BUSINESS HAS EXPANDED** (only possible for businesses with more than 6 months of consistent sales that have stabilized)

Have you achieved any of the following? (at least one is required)

I have increased sales by 30% or more (compared to the prior 6-12 month period)

I have increased production by 10% or more (compared to the prior 6-12 month period)

To find the percentage increase for sales or production:

**Step 1:** subtract the,  
Monthly average sales or production after expansion: \_\_\_\_\_(x)  
From (-)  
Monthly average sales or production before expansion: \_\_\_\_\_(y)

This equals (=) \_\_\_\_\_(z)

**Step 2:** divide (z) by (y): (z)/(y) equals (=) \_\_\_\_\_

Round to two places and remove the decimal point: (=) \_\_\_\_\_% increase

Have you done any of the following in order to expand your business? (at least one is required)

I have added new equipment to the business

I have added a new product or service to the business

I have added at least 20% to the financial investment in my business

3. **You may feel that your business is in transition between stages. Turn back to page 4 and mark an X where you think your business is right now on the Business Development Spiral.**

4. **Please check any of the following that apply:**

- I am currently seeking more training or education
- I am currently seeking employment
- I am currently employed (number of hours per week \_\_\_\_\_)
- I plan to start my business at a future date
- I do not plan to start a business
- I am undecided about whether to start a business

## CORE BUSINESS SKILLS

**Please Tell us about your current understanding of the following business skills:** *Please check only one option for each statement*

5. **Clarifying your business vision.**

- a. I do not understand this area
- b. I increased my understanding
- c. I am confident of my understanding
- d. I have started to do this
- e. I do this in my business

6. **Refining your product and/or service niche.**

- a. I do not understand this area
- b. I increased my understanding
- c. I am confident of my understanding
- d. I have started to do this
- e. I do this in my business

7. **Identifying your target customer.**

- a. I do not understand this area
- b. I increased my understanding
- c. I am confident of my understanding
- d. I have started to do this
- e. I do this in my business

8. **Analyzing your competition.**

- a. I do not understand this area
- b. I increased my understanding
- c. I am confident of my understanding
- d. I have started to do this
- e. I do this in my business

9. **Pricing your product/service based on costs and what the market will bear.**

- a. I do not understand this area
- b. I increased my understanding
- c. I am confident of my understanding
- d. I have started to do this
- e. I do this in my business

10. **Using the tools you have available to promote your product/service.**

- a. I do not understand this area
- d. I have started to do this

- b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**11. Preparing for and conducting a sales presentation.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**12. Identifying the steps you use to produce and deliver your goods/services.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**13. Organizing your business and establishing processes and procedures.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**14. Assessing (knowing) the materials, tools and facilities required by your business.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**15. Doing basic banking and recordkeeping.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**16. Identifying start-up costs, direct costs, and overhead costs.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**17. Producing a preliminary cashflow.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**18. Using a cashflow system.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**19. Using "breakeven analysis".**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**20. Using profit and loss statements and balance sheets.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**21. Researching a variety of sources for financing your business.**

- a. I do not understand this area      d. I have started to do this  
b. I increased my understanding      e. I do this in my business  
c. I am confident of my understanding

**22. Of all the 18 statements above, which three business skill areas would you like to receive more training or information about? Please list the numbers:**

\_\_\_\_\_ Other?: \_\_\_\_\_

**23. What WI services do you expect to use in the next six months?**

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**24. What further business training or assistance do you feel you need?**

Skill Area	Preferred Learning Method One-on-one consulting, peer support group, class setting, etc.	Urgency Do you need this assistance immediately? If not, when do you see the need arising?

**25. Please update us on any changes to your address and contact information.**

Home Address:

Home Phone #:

E-Mail Address:

Web Site:

Work Address:

Work Phone #:

E-Mail Address:

Web Site:

**26. We may want to contact you in the future for follow-up surveys. Please list two additional contact people who will always know where you are (name, relationship, address(es), and phone):**

Name:

Relationship:

Address:

Name:

Relationship:

Address:

Phone:

Phone:

**WOMEN'S INITIATIVE OUTCOME EVALUATION**  
**FOLLOW-UP SURVEY 1**  
*Reference Sheet*

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

Date Enrolled In *Managing Your Small Business*: \_\_\_\_\_

Date Graduated From *Managing Your Small Business*: \_\_\_\_\_

Date 6 months after the end of core training: \_\_\_\_\_

Primary Small Business Consultant or SBC History: \_\_\_\_\_

\_\_\_\_\_

Most Recent Business Status Recorded: \_\_\_\_\_

Business Name & Type: \_\_\_\_\_

TANF Recipient? \_\_\_\_\_ WI Loan Fund Recipient? \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Interview Location: \_\_\_\_\_

Data Entry Date: \_\_\_\_\_ By: \_\_\_\_\_

**Notes from Interview**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Business Status Determined during Survey: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up Tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the client want to receive a gift certificate?       Yes    No

If yes, what kind:

- Albertson's / Lucky Foods
- Office Depot
- The Body Shop
- Safeway

Would the client make a good case study candidate?    Yes    No

Why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION A: PERSONAL INFORMATION**

I just want to remind you that this survey is confidential, which means that your name will not be attached to our results. Do you have any questions before we begin?  
First I have a few general questions to ask you. Some of these questions may seem obvious, but we really want to know what's new for you since you finished the *Managing Your Small Business* course. We want to know what may have changed for you and your business in the six months following the end of core training, so please answer these questions with information that was true as of: \_\_\_\_\_

**1. Can you let me know if your work or home addresses and phone numbers have changed?**

No change Home Address: \_\_\_\_\_  No change Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_

**2. Do you have an e-mail or web address?**

E-Mail: \_\_\_\_\_  personal  work  their own business  
Web Address: \_\_\_\_\_  personal  work  their own business

**3. Can you tell me the names, addresses and phone numbers of two people who will know where you are if you move?**

No change Name: \_\_\_\_\_  No change Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**4. In the last six months have you received any further training or education?**

Yes  No

If yes:

- 4.1 How many months have you received? \_\_\_\_\_
- 4.2 Was this training or education that will help you in the type of business you run or would like to run?  
 Yes  
 No
- 4.3 Have you received a new certificate or degree? If so, what type?  
 a. HS graduate or have GED  
 b. Vocational/technical certificate  
 c. AA degree  
 d. Undergraduate degree  
 e. Post college coursework or graduate degree  
 f. Other (specify): \_\_\_\_\_

**5. Have you been employed by anyone else in a paid or volunteer position?**

Yes  No

- 5.1 How many months did you work? \_\_\_\_\_
- 5.2 Will this experience help you in the type of business you run or would like to run?  
 Yes  No

6. Have you developed a disability or chronic health condition that significantly limits any of your daily activities or the kind or amount of work you can do?

- Yes (describe): \_\_\_\_\_  
 \_\_\_\_\_  
 No

7. Please tell me what your current employment status is. Are you:

- Employment Status**                      **Hours per Week**  
 a. Self-employed \_\_\_\_\_  
 b. Employed by someone else \_\_\_\_\_  
 If A. or B. were checked please skip to #8  
 c. A full-time homemaker  
 d. Unemployed

8. Are you currently looking for a new job?

- Yes  
 No

9. Have you received any of the following types of public assistance in the six months following the end of core training? I'm going to read you a list. Tell me if you receive any of the following types of assistance, and if so how long. For MediCal, Public Housing, Section 8, and Subsidized Child Care please also ask what the client's average monthly out of pocket medical, housing or child-care costs are.

Type of Assistance	Do you receive this type of assistance?	Duration (years, months)	Client's Monthly Out of Pocket Costs	Cost of Rent or Childcare
TANF/CalWORKS	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No			
MediCal	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No			
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Section 8	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
Subsidized Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security (Retirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Disability Benefits (SSDI or SSA)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
State Disability Insurance (Worker's Comp.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other public assistance (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$

Please record the client's out of pocket costs for the selected public benefits in the Non-Cash Benefits Calculation Chart on page 16 after completing the survey.

10. Have any household members received any of the following types of public assistance in the six months following the end of core training? I'm going to read you a list. Tell me if they receive any of the following types of assistance, and if so how long. For MediCal, Public Housing, Section 8, and Subsidized Child Care please also ask what the household member's average monthly out of pocket medical, housing or child-care costs are.

Type of Assistance	Do any household members receive this type of assistance?	Duration (years, months)	Household Member's Monthly Out of Pocket Costs	Cost of Rent or Childcare
TANF/CalWORKS	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No			
MediCal	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No			
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Section 8	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
Subsidized Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security (Retirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Disability Benefits (SSDI or SSA)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
State Disability Insurance (Worker's Comp.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other public assistance (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$

Please record the household member's out of pocket costs for the selected public benefits in the Non-Cash Benefits Calculation Chart on page 17 after completing the survey.

11. You don't have to answer the following question if you don't want to. The question is: what do you consider your sexual orientation to be?

- a. Decline to Answer     b. Lesbian/Gay     c. Bi-Sexual     d. Heterosexual     e. Other

If the client asks why we are asking this question: We want to know about our clients in order to serve them better and to seek funding sources for our program. All responses are confidential.

12. What is your current marital status?

- a. Married     b. Divorced     c. Separated     d. Widowed     e. Never Married

13. Are you currently living with a spouse or partner?

- Yes If yes: 13.1 How long have you been living with your spouse or partner? \_\_\_\_\_  
 No

14. Are you a single parent or guardian supporting a child/children?

- Yes  
 No

15. What type of health insurance if any, do you have for yourself and your children?

- |   | <u>Client</u>               | <u>Client's children</u>    |
|---|-----------------------------|-----------------------------|
| Does not have health insurance                    | <input type="checkbox"/> a. | <input type="checkbox"/> i. |
| MediCal   | <input type="checkbox"/> b. | <input type="checkbox"/> j. |
| Medicare  | <input type="checkbox"/> c. | <input type="checkbox"/> k. |
| Client pays for insurance                         | <input type="checkbox"/> d. | <input type="checkbox"/> l. |
| Coverage through employer                         | <input type="checkbox"/> e. | <input type="checkbox"/> m. |
| Through spouse's employer                         | <input type="checkbox"/> f. | <input type="checkbox"/> n. |
| Client and Employer each pay portion of insurance | <input type="checkbox"/> g. | <input type="checkbox"/> o. |
| Other (specify): _____                            |                             |                             |

**SECTION B: BUSINESS STATUS**

Now I'm going to ask you some questions about your business or business idea.

16. What is the name of your current/planned business? \_\_\_\_\_

17. Has your business or business idea changed? An example would be if you were originally planning to open a restaurant and decided to start a auto repair shop instead.

- Yes       No

If yes:

17.1 Please describe your business for me in a few sentences.

---

---

17.2 Do currently have more than one business or area of self employment? Please explain:

---

---

18. I'm going to ask you about what is new for your business. I'm going to read you a list. Tell me which option best describes your business.

- a. I am in the process of planning my business for start-up
- b. I have a new start-up business that made it's first sale in the last year
- c. I have an existing business that made it's first sale more than 1 year ago
- d. I have an established business that has documented a net profit and made it's first sale more than 1 year ago.
- e. I sold my business
  - e.1 For a profit
  - e.2 At a loss
- f. I closed my business
- g. I plan to start a business at a future date
- h. I do not plan to start a business
- i. I am undecided about whether to start a business

*If the client answered A, E, F, G or H please skip to #23 on page 9.*

19. Now I'm going to ask you a few more questions about your business. Please tell me which of the following statements are true for you and your business. Please ask the questions that correspond to the business status reported in the previous question. You may need to help the client determine their business status by trying a few categories. See the Business Status definitions for clarification.

*If the client answered 18.A please ask the following questions:*

**A. In the process of planning their business**

- a. I am planning to start my business in the next 6 to 12 months
- b. I am able to articulate a clear business vision and mission
- c. I am pursuing a viable business idea
- d. I am refining my product/service
- e. I am not currently making consistent sales (not including test marketing)
- f. I am establishing my customer base
- g. I am doing market research
- h. I am attending to personal finances

*Please skip to #51 on page 12.*

*If the client answered 18.B please ask the following questions:*

**B. New start-up business**

- a. My business made its first sale in the last year (start date: \_\_\_\_\_ month \_\_\_\_\_ year)
- b. I have established specific, measurable goals for implementing my business mission
- c. I have developed a marketable product or service
- d. I have built an initial customer base
- e. I have begun implementing a marketing strategy or plan
- f. I have demonstrated a viable relationship between price, sales, and cost
- g. I have developed cashflow projections for the coming year and an operating budget

*Please proceed to #20*

If the client answered 18.C please ask the following questions:

**C. Existing business**

- a. My business has made over 12 months of sales (more than 1 year from 1<sup>st</sup> sale)
- b. When did you first start to make sales? (start date: \_\_\_\_ month \_\_\_\_ year)
- c. I have an existing customer base
- d. I have a history of tax records and documentation
- e. I have done some marketing
- f. I have some systems and operations

Please proceed to #20

If the client answered 18.D please ask the following questions:

**D. Established business**

- a. When did you first start to make sales? (start date: \_\_\_\_ month \_\_\_\_ year)
- b. I have documented a net profit (after taxes and before draw)
- c. I have a track record of consistent sales
- d. I have a customer list and services
- e. I have achieved past strategic goals
- f. I have a strategic plan for the future
- g. I have stable marketing/sales systems
- h. I have recordkeeping systems and documentation in place and functioning
- i. I have consistent operations systems

Please proceed to #20

**20. Now I'm going to ask you some questions about how your business may have changed in the last 6 months? Please tell me if any of the following statements are true for you and your business.**

**A. Expanded**

*One of the following*

- a. I have increased sales by 30% or more (made a significant increase in year-to-date sales, compared to prior 6-12 month period)
- b. I have increased production by 10% or more (compared to prior 6-12 month period)

*And one or more of the following*

- c. I have added new equipment to the business
- d. I have added a new product or service to the business
- e. I have added at least 20% to my financial investment in my business

**To find the percentage increase for sales, production or investment:**

**Step 1:** subtract the,

Monthly average sales or production after expansion: \_\_\_\_\_(x)  
From (-) \_\_\_\_\_

Monthly average sales or production before expansion: \_\_\_\_\_(y)

This equals (=) \_\_\_\_\_(z)

**Step 2:** divide (z) by (y): (z)/(y) equals (=) \_\_\_\_\_

Round to two places and remove the decimal point: (=) \_\_\_\_\_ % increase

**B. Stabilized**

*Both of the following*

- a. I have reached or exceeded break-even
- b. I have established formal or informal systems such as recordkeeping, bookkeeping, inventory, billing, computer or paper files, etc.

(specify: \_\_\_\_\_ )

*Any of the following (not required)*

- c. I have secured a license or permit (specify: \_\_\_\_\_)
- d. I have established a business bank account
- e. I have begun to pay business and/or quarterly taxes
- f. I have signed a business lease

**21. Does your business have any employees not including yourself?**

- Yes       No

**If yes:**

**21.1. How many full-time employees (35 hours per week or more):** \_\_\_\_\_

**21.2. How many part-time employees (less than 35 hours per week):** \_\_\_\_\_

**21.3. How many temporary employees:** \_\_\_\_\_

**21.4. How many contract employees:** \_\_\_\_\_

**21.5. How many unpaid employees:** \_\_\_\_\_

**22. Do you operate your business in your own home?**

- Yes  
 No



<b>33. I make my target number of sales most months.</b>	1	2	3	4	5	N/A	6.3 _____
Strongly disagree					Strongly agree		
<b>34. I am able to maintain an even flow in my sales and production cycle.</b>	1	2	3	4	5	N/A	7.1 _____
Strongly disagree					Strongly agree		
<b>35. I am able to assess if problems that arise in my business are related to production, marketing or sales.</b>	1	2	3	4	5	N/A	8.1 _____
Strongly disagree					Strongly agree		
<b>36. I keep records for my business (such as accounts payable and receivable, payroll records, client files).</b>	1	2	3	4	5	N/A	9.1 _____
Strongly disagree					Strongly agree		
<b>37. I can account for past business transactions if I need to.</b>	1	2	3	4	5	N/A	9.2 _____
Strongly disagree					Strongly agree		
<b>38. I know if my business is making a profit or not.</b>	1	2	3	4	5	N/A	9.3 _____
Strongly disagree					Strongly agree		
<b>39. I have a financial plan for my business.</b>	1	2	3	4	5	N/A	10.1 _____
Strongly disagree					Strongly agree		
<b>40. I can identify the fixed and variable costs of my business.</b>	1	2	3	4	5	N/A	10.2 _____
Strongly disagree					Strongly agree		
<b>41. I revise my budget.</b>	1	2	3	4	5	N/A	10.3 _____
Strongly disagree					Strongly agree		
<b>42. I have done sales forecasting for the coming period of time.</b>	1	2	3	4	5	N/A	11.1 _____
Strongly disagree					Strongly agree		



**SECTION D: BUSINESS INCOME**

Now I'm going to ask you some questions about your business finances.

51. What sources of funding did you use to start your business? Please don't include your normal monthly operating expenses. I'll read you a list of sources. Please tell me the total amount you used from each source.

SOURCE OF FUNDING	Yes/No	AMOUNT
Personal Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Credit Card(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Government Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Business Loan from a commercial financial institution	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Women's Initiative Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Loan from Family or Friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Gift from Family or Friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Investor(s) (venture capital, silent partner, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Funding: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>TOTAL FUNDING</b>		\$

Please skip to section E if the client has not yet started their business, does not plan to start a business or if the business has been closed for longer than 6 months.

52. Now I'm going to ask you some questions about your business sales and expenses. If you don't know exact amounts please estimate.

BUSINESS SALES & EXPENSES	
What were your total sales last month?	\$
Are most months like this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
What would be an average months sales?	\$
What were your total business expenses last month?	\$
Are most months like this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
What would be an average month's business expenses?	\$

**53. Now I'm going to ask you some questions about your business income.**

Do you pay yourself a salary or take a draw from your business?

- Yes       No

If yes, what is the average before tax amount you paid yourself per month since the end of core training?

\$ \_\_\_\_\_ on average per month

**54. Does a household member or business partner receive a salary or take a draw from the business?**

- Yes       No

If yes, what is the average before tax amount you paid a household member or business partner per month since the end of core training?

- Household Member:

\$ \_\_\_\_\_ on average per month

- Business Partner:

\$ \_\_\_\_\_ on average per month

**55. Now I'm going to ask you about your total sales and expenses in the last year or since your business began. Let me know the total amount for the last year starting from one year ago.**

<b>BUSINESS SALES &amp; EXPENSES</b>	
What were your total sales ?	\$
What were your total expenses?	\$

56. Now I'm going to ask you some questions about what your business owns and what it owes. Please indicate whether your business has the following assets and liabilities and then give your best estimate of the current value.

BUSINESS ASSETS AND LIABILITIES					
BUSINESS ASSETS			BUSINESS LIABILITIES		
Does your business have :	Yes/ No	What is the current value of the asset(s)?	Does your business owe a balance on a:	Yes/ No	How much is the balance owed?
Building or land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cars or trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Car loan(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment or materials, including inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Credit card(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Business savings accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Business loan(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Business checking accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Debt to Suppliers	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other financial accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Other liabilities Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks or bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Other assets Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>TOTAL BUSINESS ASSETS</b>		\$	<b>TOTAL BUSINESS LIABILITIES</b>		\$

**SECTION E: PERSONAL INCOME**

Now I'm going to ask you some questions about your personal and household finances.

57. Including yourself, how many people live in your household and share income? Please do not include roommates who keep their income separate.

Total Household Members: \_\_\_\_\_

57.1 Number of Adults (18 years or older): \_\_\_\_\_

Adult	Relationship to Client	Adult	Relationship to Client
#1		#4	
#2		#5	
#3		#6	

57.2 Number of Children you support (include adult children client supports): \_\_\_\_\_

Child	Birth Date	Age Please Calculate	Child	Birth Date	Age Please Calculate
#1			#7		
#2			#8		
#3			#9		
#4			#10		
#5			#11		
#6			#12		

58. What percentage of your income would you like to come from self-employment earnings? Please give me a number from zero to one hundred percent. \_\_\_\_\_ %

59. Do you make most of the money in your household?

- Yes
- No

**Self Sufficiency Standard Calculation For Data Entry**

County and city of residence: \_\_\_\_\_

Family Makeup: (Consult the table below and the ages of family members above. If the family has more than two adults and three children please consult the **Worksheet for Calculating Monthly Costs for Additional Children and/or Adults in the California Self Sufficiency Standard**). Please write out the family makeup (i.e. Two adults, one infant, one school-age). \_\_\_\_\_

Age	Age Group
0-2 years old	Infant
3-5 years old	Preschooler
6-12 years old	School-Age
13-17 years old	Teenager
18+ years old	Adult

Please consult the tables in the California Self Sufficiency Standard to find the Monthly Self Sufficiency Wage for the family Makeup and location.

Household Monthly Self Sufficiency Wage: \$ \_\_\_\_\_

60. I'm going to read you a list of sources of income. How much income did YOU PERSONALLY receive in the six months after core training from any of the following sources? Please only include your own income (not the income of any other people who live with you). Please report amount of income BEFORE any taxes are deducted.

SOURCE OF INCOME	DID THE CLIENT RECEIVED INCOME FROM THIS SOURCE?		AVERAGE MONTHLY AMOUNT	TOTAL AMOUNT (for 6 mo. Following core training)
Self-employment income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Salary/wages from a job(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Help from family or friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Child support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
CalWorks /TANF (AFDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
General assistance (GA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Social Security (retirement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Supplemental Security Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Disability Benefits (SSDI or SSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
State Disability Insurance (Worker's Compensation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
WIC benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Other Income (Specify):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

### Non-Cash Subsidy Income Calculation Chart

Do not ask the client the following questions. Please record the appropriate numbers from the public benefits table on page 4, then calculate monthly and total values.

Type of Public Benefit	Full Cost of Rent or Childcare	OR	Monthly Value of the Benefit (see reference chart)	-	Client's Monthly Out of Pocket Costs	=	Monthly Value of the Subsidy	Total Amount for 6 months following core training
MediCal			\$	-	\$	=	\$	\$
Public Housing			\$	-	\$	=	\$	\$
Section 8	\$		\$	-	\$	=	\$	\$
Subsidized Child Care	\$		\$	-	\$	=	\$	\$
Other	\$		\$		\$		\$	\$
<b>Total Non-Cash Subsidy Income for the 6 months following core training:</b>								\$

61. How much income did OTHER HOUSEHOLD MEMBERS receive since in the six months after core training from any of the following sources? Please include all people who live with you and share income and expenses. Please DO NOT include any of your income. Please report amount of income BEFORE any taxes are deducted.

SOURCE OF INCOME	DID THE CLIENT RECEIVED INCOME FROM THIS SOURCE?		AVERAGE MONTHLY AMOUNT	TOTAL AMOUNT
Self-employment income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Salary/wages from a job(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Help from family or friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Child support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
CalWorks /TANF (AFDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
General assistance (GA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Social Security (retirement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Supplemental Security Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Disability Benefits (SSDI or SSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
State Disability Insurance (Worker's Compensation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
WIC benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Other Income (Specify):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

62. Have you used your personal or household savings to meet your basic expenses?

Yes  No

If yes,

60.1 What is the average monthly amount? \$ \_\_\_\_\_

60.2 What is the total amount? \$ \_\_\_\_\_

### Non-Cash Subsidy Income Calculation Chart

Do not ask the client the following questions. Please record the appropriate numbers from the public benefits table on page 4, then calculate monthly and total values.

Type of Public Benefit	Full Cost of Rent or Childcare	OR	Monthly Value of the Benefit (see reference chart)	-	Client's Monthly Out of Pocket Costs	=	Monthly Value of the Subsidy	Total Amount for 6 months following core training
MediCal			\$	-	\$	=	\$	\$
Public Housing			\$	-	\$	=	\$	\$
Section 8	\$		\$	-	\$	=	\$	\$
Subsidized Child Care	\$		\$	-	\$	=	\$	\$
Other	\$		\$		\$		\$	\$
<b>Total Non-Cash Subsidy Income for the 6 months following core training:</b>								\$

Now I'm going to ask you a few questions about what your household owns and what it owes.

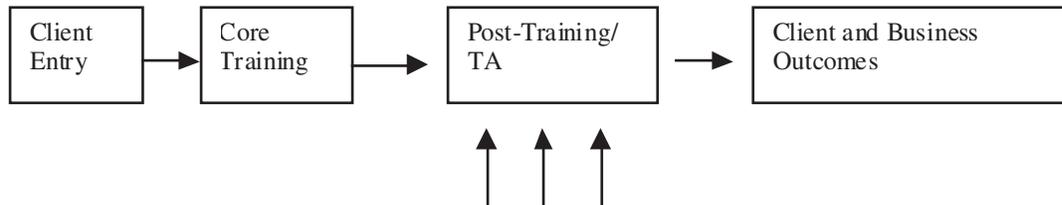
63. Please indicate whether your household has the following assets and liabilities and then give your best estimate of the current value. Please add all debt or assets in each category and report the total amount owed or owned.

HOUSEHOLD ASSETS AND LIABILITIES					
HOUSEHOLD ASSETS			HOUSEHOLD LIABILITIES		
Do you or anyone in your household own:	Yes/ No	How much is/are the asset(s) worth now?	Do you or anyone else in your household owe a balance on:	Yes/ No	How much is the balance owed?
House, condominium, mobile home, or apartment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Home Mortgages	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other real estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Other property mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cars or Trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Auto Loan(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings account	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Credit card(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking account	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Educational loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Other Liabilities Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks or bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Other assets worth over \$1,000 Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
<b>TOTAL HOUSEHOLD ASSETS</b>		\$	<b>TOTAL HOUSEHOLD LIABILITIES</b>		\$



## Tool 10: Women's Housing and Economic Development Corporation's Assessment of Milestones

Stage:



<b>Indicators:</b>
<p><i>Business Management</i></p> <ul style="list-style-type: none"> <li>• Existence of and enforcement of parent/provider contract</li> <li>• Office space</li> <li>• Paper or computer files to track clients</li> <li>• Record keeping system for expenses and revenues</li> <li>• Tax records and returns</li> </ul>
<p><i>Personal and Professional Effectiveness as an Early Childhood Educator</i></p> <ul style="list-style-type: none"> <li>• Academic degree in early childhood education</li> <li>• Adult degree in early childhood education (i.e., child development associate)</li> <li>• Age-appropriate developmental learning environment for children</li> <li>• Discipline procedures follow broad social norms and professional practices</li> <li>• Understanding of ethnic, race and class diversity while communicating with parents</li> <li>• Principles of early childhood education applied to programming, scheduling, equipment and supplies, and parent communication</li> </ul>
<p><i>Personal and Professional Effectiveness as a Regulated Provider</i></p> <ul style="list-style-type: none"> <li>• Completion of 30 hour training; above average scores on curriculum tests</li> <li>• Environment meets prescribed safety standards</li> <li>• Satisfactory scores on self-evaluations</li> <li>• Enrollment in CACFP and files for reimbursement</li> <li>• High ratings on standard evaluations (list provided)</li> <li>• Reliable backup to cover absences</li> <li>• Open year-round</li> <li>• Addition of extended hours</li> </ul>
<p><i>Business Development and Entrepreneurship</i></p> <ul style="list-style-type: none"> <li>• Promotional materials developed and used strategically for recruitment</li> <li>• Strives to reach legal capacity for number of children in care</li> <li>• Minimizes number of sliding scale clients paying below child-care subsidy rate</li> <li>• Fee structure mirrors child-care subsidy rate</li> <li>• Provider with foster care children leverages foster care and family day care systems to maximize number of children in care</li> <li>• Tax system used to minimize income (Earned income tax credit)</li> <li>• Trickle Up grant used for start-up capital if necessary</li> <li>• Advocacy abilities demonstrated in bureaucratic hassles on own behalf and that of her clients</li> <li>• Seeks resources on own through other networks, professional and advocacy groups</li> <li>• Speaks of family day care as business apart from traditional care giving role</li> <li>• Development of competitive edge in some aspect of business operation</li> <li>• Household income maximized through income packaging</li> </ul>

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This tool demonstrates how an industry-specific slant, in this instance, family day care, can be reflected in the specification of skills that a program needs to help clients acquire. The four categories of indicators illustrate the four levels on which a family day-care business owner needs to operate. The first set -- business management -- includes those business basics that a provider needs to have in place to operate at all. The second set reflects both essential and desirable qualities of the service that the provider is offering parents and children. The third identifies characteristics of providers who have learned how to master the required elements associated with being a regulated provider. And the last category describes those skills and aspects that a provider demonstrates when she has begun to see her work in true business terms. It is assumed that clients who do well in these areas will produce the business and income outcomes that are the desired end of family day-care businesses. WHEDCO teaches these skills through its core training, as well as through special seminars and workshops offered on a regular basis to network members. These skills are also reinforced through one-on-one technical assistance provided during the home visit. So the tool assesses the changes that emerge out of the whole intervention process, not just out of the core training.

### **Analysis:**

The tool is a checklist that allows the staff person to rate a client's performance as excellent, satisfactory or needs improvement. This allows an analyst to create a quantitative score against specific indicators in each category, and to track changes in these scores over the tenure of a client's participation in the family day-care network. Milestone scores can be analyzed in relationship to the goals that the clients have established and the services they have accessed (see Chapter 3), as well as in relationship to the characteristics and circumstances that they presented upon entry into the program (see Chapter 2).

**Women's Housing and Economic Development Corporation (WHEDCO)  
Family Day Care Training and Network Support**

Provider: \_\_\_\_\_

Date: \_\_\_\_\_

**Assessment of Goals**

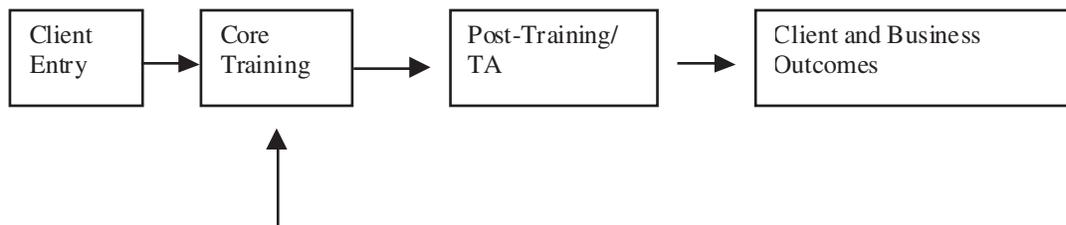
	<b>Excellent</b>	<b>Satisfactory</b>	<b>Needs/Wants Improvement</b>
<b>Business Management</b>			
Parent/Provider Contract			
Office space			
Files			
Record keeping			
Tax prep. /pay			
Other:			
<b>Early Childhood Educator</b>			
Academic/adult degree			
Certification			
Dev. learning env.			
Active listening			
Conflict resolution			
Positive discipline			
Multiculturalism			
Other:			
<b>Regulated Provider</b>			
30-hrs training			
Supplemental T.			
Safe environment			
CACFP			
Back-up provider			
Year-round hrs.			
Extended hrs.			
Other:			
<b>Business Development/Entrepreneur</b>			
Marketing materials			
Increase number in care			
Better payer mix			
Better fee structure			
Juggle foster care			
EITC			
Trickle Up			
EI scholarship			
Welfare advocacy			
Competitive edge			
IDA, savings			
Income packaging plan			
Asset-building plan			
Leave poverty			
Leave welfare			
Shift to wage employment			
Other:			

## CHAPTER 5: ASSESSING THE EFFECT OF TRAINING STYLE

**Purpose:** This tool is designed to assess a trainer's instructional style. Most practitioners assume that dynamic, participatory approaches using adult learning techniques work much better with microentrepreneurs than do more academic, didactic approaches, and have designed curricula that support this strategy. But individual trainers may be more comfortable at one end of the spectrum or the other. ISED, in its assessment, is attempting to sort out just how much influence teaching methods have on actual client outcomes in relationship to other elements of the intervention (class attendance, course completion, additional services, loan access, etc.). While other practitioners can use it in the same way, they also may find the tool helpful in assessing the strengths and weaknesses of training staff and providing feedback for improvement.

### Tool 11: Institute for Social and Economic Development's Class Observation Form

**Stage:**



#### Indicators:

- Use of time
- Use of homework assignments
- Responsiveness to participants' ideas and questions
- Class process
- Use of experiences in class
- Use of curriculum in class

The tool is a scale based-checklist tool to guide an evaluator's observation of a trainer's classroom performance. It also includes a space for a direct and open-ended question to the trainer on how he/she views her role in the class, and for capturing any other observations made during the visit.

#### Analysis:

This is principally a quantitative tool that allows the analyst to create item-by-item scores, category-by-category averages, as well as an overall average to capture training style. Assuming that there are differences among a set of trainers being observed, their overall averages can be related to whatever quantitative items are being used to capture client success (be it business start, business revenues, profits, etc.) to determine the influence of this factor on the client's ultimate success.

More simply, program managers can use the tool to assess an individual's training approach and use the results as the basis of a performance review aimed at improving the quality of training offered clients.

***Institute for Social and Economic Development***  
***Class Observation Form***

Instructor's Name:	
Date of Observation:	
Time of Observation:	
Total number of Clients:	
Women=	Men=
Name of Observer:	

**Instructor Behavior**

**During class, the instructor...**

Time	Not at All					Extensively	
spends time with participants <u>before</u> class	1	2	3	4	5	NA	
spends time with participants <u>during</u> breaks	1	2	3	4	5	NA	
spends time with participants <u>after</u> class	1	2	3	4	5	NA	
uses break-out or small group activities	1	2	3	4	5	NA	
<b>Homework</b>							
provides time to complete assignments in class	1	2	3	4	5	NA	
future homework assignments discussed in class	1	2	3	4	5	NA	
completed homework referenced in class	1	2	3	4	5	NA	
completed homework gone through step-by-step	1	2	3	4	5	NA	
<b>Participants' Ideas and Questions</b>							
receptive to participants' ideas and questions	1	2	3	4	5	NA	
answers participants' questions	1	2	3	4	5	NA	
turns questions back to the group	1	2	3	4	5	NA	
<b>Process</b>							
uses participants' names	1	2	3	4	5	NA	
calls on participants	1	2	3	4	5	NA	
asks questions that participants can answer	1	2	3	4	5	NA	
encourages discussion/knowledge sharing among participants	1	2	3	4	5	NA	
appears open to participant initiated topics	1	2	3	4	5	NA	

### Use of Experiences in Class

During the class, the instructor...	Not at All Typical					Extensively
shares own experiences	1	2	3	4	5	NA
asks for examples from the participants' own experiences	1	2	3	4	5	NA
uses the participants' real-life problems as a learning tool	1	2	3	4	5	NA
allows participants' experiences to guide discussions	1	2	3	4	5	NA
allows instructor's experiences to guide discussions	1	2	3	4	5	NA

### Use of Curriculum in Class

During the class, the instructor...	Not at All Typical					Extensively
relies solely on the curriculum	1	2	3	4	5	NA
sets the pace based on the material in the curriculum	1	2	3	4	5	NA
curriculum material guides the discussions	1	2	3	4	5	NA
uses hypothetical case examples	1	2	3	4	5	NA
uses activities or exercises (individual or small group that allow participants to learn by doing	1	2	3	4	5	NA

### Overall Rating

Degree to which pace of the class is set by the curriculum or the stage of participant readiness	Curriculum Based 1	2	3	4	Participant Based 5
Primarily, curriculum or experience guides the flow of the discussion	Curriculum 1	2	3	4	Experiences 5
Degree to which class is process-oriented or content-oriented	Completely Content-Oriented 1	2	3	4	Completely Process-Oriented 5

**Question to instructor:** How do you view your role in the class? How do you see yourself? (Write in response.)

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*Anything noteworthy that is not captured through the close-ended items:*

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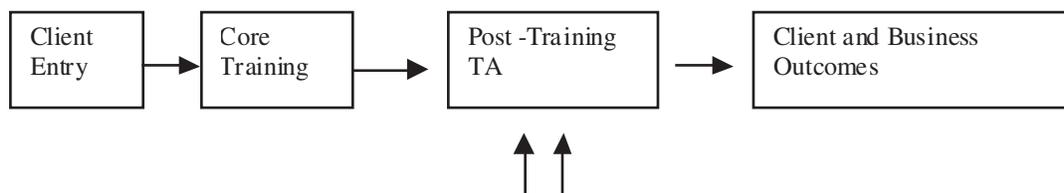
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## CHAPTER 6: ASSESSING THE EFFECT OF TECHNICAL ASSISTANCE

**Purpose:** Technical assistance is client-driven. Services are offered in response to a client's direct request for support and are based on specific needs s/he has identified. At the same time, its overall purpose is to advance a client's progress toward business success at the level that s/he has identified as desirable. These tools offer ways for programs to understand the effectiveness of technical assistance services both from the perspective of the specific goals that clients have set for the technical assistance and from the perspective of the overall quality of the business.

### Tool 12: Detroit Entrepreneurship Institute's Client Counseling Record

**Stage:**



#### Indicators:

- Area of counseling
- Client contact hours (in person and by phone)
- Counselor preparation hours
- Previous month's sales
- Number of jobs created

As part of its special research into technical assistance, DEI is offering a small group of clients a two-year program of weekly visits by a consultant. Other clients access consultants on their own initiative. To gain a better understanding of the areas in which clients seek assistance, the amount of counseling around these areas, and relationship to business results, consultants are expected to complete a counseling record after each contact. In addition to check-offs and a place to record quantitative data (hours, sales, jobs), the form contains a substantial amount of space for a narrative discussion of the consulting interaction and any observations the consultant would like to make about the consultation, the client and/or the status of the business.

#### Analysis:

The tool lends itself to three levels of analysis. At the simplest level, an analysis of the data allows one to see patterns in the areas for which clients are seeking assistance and the amount of time that is being devoted to them. DEI found, for example, that more than one-third of the consultations with its special treatment group were focused on marketing and sales; one-fourth of the consultations were on business start-up issues, and another quarter on accounting records and financial analysis. At a second level, the data from the consulting records can be compared with the goals and objectives included in the client's two-year action plan to determine the extent to which the consulting services relate to the client's priority interests, and the extent to which progress is being made. Finally, the narrative portion of the record can provide a rich resource for content analysis, offering an in-depth look at the process of technical assistance and its role in business development.

**CLIENT COUNSELING RECORD  
ENTERPRISE DEVELOPMENT INITIATIVE**

<p>A. Cycle Number: _____</p> <p>B. Date of Contact: _____</p>	<p><b>C. DEI CLIENT STATUS</b></p> <p>Active _____                      Contacted/No Response _____</p> <p>Terminated _____</p> <p>(check reason) _____</p> <p>1. DEI Action _____</p> <p>2. Client Request _____</p> <p>3. Employed _____</p> <p>4. Uncooperative _____</p> <p>Business Operational:    _____ Yes    _____ No</p> <p>DEI Status    Active    _____                      Terminated    _____</p>
--	--

D. Name of Business: \_\_\_\_\_

E. Client Name: \_\_\_\_\_

**F. Area of Counseling:**

1. Business start-up or acquisition _____	8. Research & Development _____
2. Sources of Capital _____	9. Personnel _____
3. Marketing or Sales _____	10. Computer Systems _____
4. Business Plan Development _____	11. International/National Trade _____
5. Accounting & Records _____	12. Business Liquidation or Sale _____
6. Financial Analysis/Cost Control _____	13. Insurance or Licensing _____
7. Inventory Control _____	14. Other Financing _____
	15. Employment Search _____

G. Client Contact Hours (visits):	H. Counselor's Phone Hours:	I. Counselor Preparation Hours.
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J. Name of Counselor: \_\_\_\_\_

K. Comments: (Add additional information on back of page if needed)

\_\_\_\_\_

\_\_\_\_\_

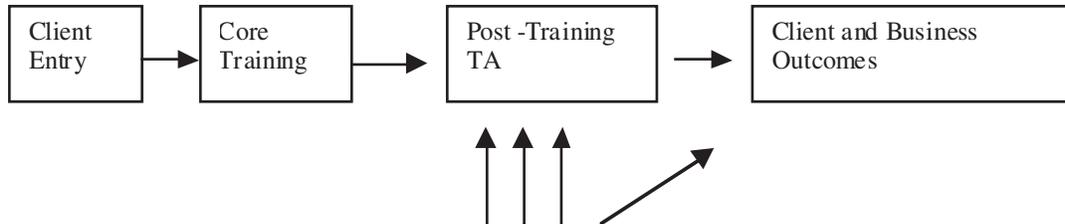
\_\_\_\_\_

Next Appointment (Date):	Previous Month's Sales:	Number of Jobs Created:

(Only Complete if business is operational and generating sales)

## Tool 13: Detroit Entrepreneurship Institute's Business Management Review

### Stage:



<b>Indicators:</b>
<i>General:</i>
<ul style="list-style-type: none"> <li>• Business plan completion</li> <li>• Business making sales</li> <li>• Business checking account</li> <li>• Insurance</li> <li>• Equipment</li> <li>• Supplies and suppliers</li> <li>• Adequate workspace</li> <li>• Taxes filed</li> <li>• Annual gross sales</li> <li>• Employees</li> <li>• Professional services used (accountant and legal)</li> </ul>
<i>Financial:</i>
<ul style="list-style-type: none"> <li>• Receipts</li> <li>• Bookkeeping system</li> <li>• Financial statements</li> <li>• Inventory</li> <li>• Collecting receivables</li> <li>• Price list</li> <li>• Deposit and refund policies</li> <li>• Profitability</li> <li>• Net worth</li> </ul>
<i>Marketing Assessment</i>
<ul style="list-style-type: none"> <li>• Target market(s) identified</li> <li>• Markets have potential to support business</li> <li>• One year marketing strategy</li> <li>• Marketing tools</li> </ul>

The business management review document guides an on-site assessment of a client's business, undertaken by DEI either quarterly or annually. It presents a complete picture of the business's health, and allows the consultant to make some broad recommendations to the client for improvement. Used in conjunction with the two-year client action plan, it allows both the client and consultant to assess the progress made as a result of the actions taken during the year, and to make any adjustments necessary.

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## **Analysis:**

The business management review provides a fairly comprehensive picture of a business in both quantitative and qualitative terms, especially if financial statements and tax records are collected or reviewed at the same time. Many of the items are yes/no, and responses can be aggregated to determine the practices most and less frequently implemented by clients. This can suggest focuses for training and further technical assistance. Practices also can be compared to consulting reports to determine whether there is a link between services offered and changes made in a business. Finally, sales, employment and net worth indicators can be related both to practices implemented and consulting hours, to determine if there appears to be any correlation among them.

# DETROIT ENTREPRENEURSHIP INSTITUTE

## BUSINESS MANAGEMENT REVIEW (SITE VISIT)

CLIENT NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS  
CONSULTANT: \_\_\_\_\_

DATE: \_\_\_\_\_

### *CLIENT SIGNATURE REQUIRED AT TIME OF REVIEW*

Please sign below to indicate that you have completed along with your consultant the General, Marketing and Financial Business Review assessments.

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## GENERAL ASSESSMENT

1. Has the client completed a comprehensive business plan? Yes  No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the client currently selling a product or service? Yes  No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, describe the product or service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the client have a business checking account? Yes  No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If so, with what financial institution?

\_\_\_\_\_  
\_\_\_\_\_

4. Does the client have insurance? Yes  No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

If so, what kind and with whom? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does the client have the necessary equipment to effectively produce the product or service? Yes  No

If yes, list equipment: A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

(Use additional sheet or back page to list more equipment.)

If not, what is needed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does the client have sufficient suppliers? Yes  No

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

(If additional space is needed, use back page or additional sheets.)

Detroit Entrepreneurship Institute  
Business Review Form

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

7. Does the client purchase supplies at wholesale prices? Yes  No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does the client have adequate workspace to produce the product or service?  
Yes  No

If yes, where is the workspace located?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not, why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has the client filed previous year taxes? Yes  No

If not, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, what were the gross sales? \$ \_\_\_\_\_

10. Does the client have employees? Yes  No

If so, how many are part time and how many are full time?  
\_\_\_\_\_

What is their hourly rate of pay? \_\_\_\_\_

11. Does the client have a sales tax ID number? Yes  No

If yes, what is ID number? \_\_\_\_\_

If not, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Does the client have an employee tax ID number? Yes  No

If yes, what is ID number?

\_\_\_\_\_

If not, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Does the client have an accountant? Yes  No

If yes, list name \_\_\_\_\_

If no, explain \_\_\_\_\_

14. Does the client have legal counsel? Yes  No

If yes, list name \_\_\_\_\_

If no, explain \_\_\_\_\_



If so, where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the client have an adequate bookkeeping system? Yes  No

If yes, what system is being used?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the bookkeeping current? Yes  No

4. Does the client have current financial statements? Yes  No

5. Does the client have adequate inventory? Yes  No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

If yes, list inventory: A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_

6. Does the client have problems collecting receivables? Yes  No

If yes, explain. \_\_\_\_\_

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7. Does the client have a current price list? Yes  No

If yes, attach a copy of list.

If no, why not? \_\_\_\_\_

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8. Does the client have a deposit policy? Yes  No

If yes, attach. If no, explain.

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9. Does the client have a refund policy? Yes  No

If yes, attach. If no, explain.

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10. What are the gross sales for the past three months? \$ \_\_\_\_\_

If none, why? \_\_\_\_\_

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11. Is the business profitable? Yes  No



## MARKETING ASSESSMENT

1. Has the client identified their market segments? Yes  No

If yes, how many are there? \_\_\_\_\_

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If no, why not? \_\_\_\_\_

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2. Has the client identified a target market(s)? Yes  No

If yes, how many are there? \_\_\_\_\_

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Who and where? \_\_\_\_\_

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If no, why not? \_\_\_\_\_

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3. Can the market(s) adequately support the business? Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the client have a one-year marketing strategy? Yes  No

If yes, list components \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the client actively following the strategy? Yes  No

If not, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does the client have adequate marketing tools? Yes  No

List tools (brochures, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







**FOLLOW UP PLAN:**

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Date of Review: \_\_\_\_\_

Business Consultant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHAPTER 7: APPLYING THESE TOOLS/SOME FINAL THOUGHTS

This compilation of tools is designed to offer examples and to stimulate the reader's own thinking about what might work for his/her own program. In considering the applicability of any tool or set of tools, there are several key considerations that should be taken into account:

- ❑ Users should think about adapting or developing a set of tools that capture information at key stages in the training and technical assistance process. Having a baseline is essential if one is to make any associations at all between the changes in clients and their participation in the program. Baseline data can be captured in intake forms (not included in this collection of tools) as well as through special instruments that are administered in the early stages of program participation. ISED's "Please Tell Us a Little About Yourself" survey and CVCAC's "Perceptions/Circumstances Assessment" are both of that type. ISED also does a pre-test of knowledge and skills before training begins, and a post-test at the end of training. Women's Initiative, interested in understanding the application of skills taught in their training program, creates a baseline of confidence levels in skills after the training, and then uses follow-up survey instruments at six-month intervals to measure use. The baseline instruments need to capture status on key outcome indicators that the program wants to assess later, as well as information on characteristics that staff believes might be critical to the levels of success clients will achieve.
- ❑ Collecting information on intermediate as well as final outcomes also should be considered if managers are interested in testing program assumptions. Tools that capture intermediate outcomes include those that measure skills acquired after completing training, such as the ISED and Women's Initiative examples, as well as WHEDCO's quarterly "Assessment of Milestones." The latter focuses on the skills and practices that clients should be implementing based on training received, and is similar to the first part of Women's Initiative's six-month follow-up survey. Final outcomes questions, focusing on changes in such areas as business sales and profitability, and individual and household income gains, are demonstrated in Women's Initiative's follow-up survey, as well.
- ❑ In putting together an assessment approach, it is valuable to consider how to make tools serve multiple uses. A number of the tools in this manual provide useful insights and feedback to the clients, and offer the opportunity for self-assessment, as well as collecting useful data for program analysis. Several of the tools, such as DEI's "Client Action Plan" and "Client Consulting Record," help consulting staff to focus their own work in ways that should increase the effectiveness of their interactions with clients. All the tools provide data that feeds into the assessment of final outcomes.
- ❑ It is best to keep the number of tools to a minimum. There is the danger of response fatigue if clients are asked to complete too many forms or respond to too many surveys. Also be careful not to overlay too many new research forms on top of other forms that already exist for administrative purposes. These should be looked at together to determine the minimum amount of information that is needed by all parties.
- ❑ Planning for the database and the analysis should accompany the introduction of any new assessment approach. Often organizations adopt new data-gathering instruments without

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thinking about how the data will be inputted, or whether it can be inputted easily. Similarly, the type of analysis wanted needs to be considered up-front, whether quantitative or qualitative, whether simple statistics will be applied, or more complex statistical analysis. Keeping this in mind as the forms are created will prevent data from being wasted and save significant work later.

Additional information on the results of the FIELD-funded research undertaken by the five organizations featured in this publication will be available on FIELD's Web site, [www.fieldus.org](http://www.fieldus.org), as well as in future editions of the *FIELD Forum*, our periodic newsletter.

FIELD is deeply interested in hearing about other experiences in assessing training and technical assistance effectiveness, as well as in the learning that emerges from such assessments. Readers are strongly encouraged to share their research work with us at [fieldus@aspeninstitute.org](mailto:fieldus@aspeninstitute.org) or via phone, fax or mail.

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Additional copies of this manual can be purchased for \$15 each from FIELD at:  
<http://www.fieldus.org/publications/tools01.html>

One of the great pleasures inherent in FIELD's methodology is that which comes from getting to work closely with a group of knowledgeable, committed and interesting practitioners in a learning process of some depth. And the representatives of the grantee organizations funded under FIELD's Training and Technical Assistance Learning Cluster are a special group, indeed. They include managers knee deep in the delivery of services and researchers intimately acquainted with their organization's missions, methodologies and struggles. Throughout the process of designing their assessments, developing tools and sharing insights, they have been open about their findings and the challenges of doing credible practitioner-led assessment. As they've worked to develop insights on what makes training and technical assistance effective, they've created assessment tools that can help others interested in using data collection to: provide feedback to clients and staff; guide service provision; and ultimately gauge program results.

My special thanks to Mary Neibling and Carol Flint of Central Vermont Community Action Council, Vanessa Rush and Ken Williams of Detroit Entrepreneurship Institute, Inc., Jan Losby of the Institute for Social and Economic Development, Donna Rubens of Women's Housing and Economic Development Corporation, and Marian Doub of Women's Initiative for their enthusiastic participation in the learning exchange and for their willingness to share their work with others. I know readers of this manual will reap the rewards of their efforts and come away with many useful ideas for integrating sound measurement and documentation strategies into their own work.

Elaine L. Edgcomb  
Director  
FIELD

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**ASSESSMENT TOOLS FOR  
MICROENTERPRISE TRAINING  
AND TECHNICAL ASSISTANCE**

Spring 2001

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