

Date

Name



Things About

Looks critically at his/her entrepreneurial profile

Consider your entrepreneurial skills.

What are my strengths and where do I need improvement? ▼

What I'm good at ►

What I need to improve ►

What are some choices or experiences I have made/had in the past?

3 good choices ▼

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-

3 choices I would like to change ▼

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What goals did I set out for myself? ▼

Goal	Accomplished?	Why or Why Not?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

