

Economic Empowerment of Adolescent Girls and Young Women (EPAG) Project

TRAINEE BUSINESS PERFORMANCE MONITORING FORM

Name of business (if applicable):				
Kind of business:				
Address:				
Name of trainee:		JS	BDS	Contact #:
When did the business start?	Weekly work hours:		Sources of capital:	

BUSINESS PERFORMANCE RATING					
(CHECK ONE)	1	2	3	4	5
Record-keeping					
Money management					
Customer service					
Business environment					
Commitment / attendance					
Average performance rating					

SCALE:

1. Needs improvement
2. Satisfactory
3. Good
4. Very good
5. Excellent

Monitor's general comments:		
Monitor's name & signature:	SP	Date of monitoring visit: