

Business Skills Assessment

Please indicate below **(x)** what your status is for each skill

Business Skills Area	OK	Need Some Help	Really Need Help	Situation Critical	Comments
The Business Plan:					
<i>Organization</i>					
<i>Financial Analysis</i>					
<i>Inventory</i>					
<i>Cash Flow Management</i>					
<i>Market Analysis</i>					
<i>Competition Analysis</i>					
<i>Marketing Plan</i>					
<i>Price</i>					
<i>Customer Service</i>					
<i>Sales</i>					
<i>Management/Organization</i>					
<i>Public Relations</i>					
Compliance :					
<i>Taxes</i>					
<i>Regulations</i>					
<i>Licensing</i>					
Other					
<i>Knowledge of the Industry</i>					
<i>Business Location Analysis</i>					
<i>Managing Customer Credit & Collections</i>					
<i>Legal</i>					

PLEASE RETURN THIS WORKSHEET ALONG WITH **SBA FORM 641 (REQUEST FOR COUNSELING)**
AND **CLIENT RIGHTS & RESPONSIBILITIES FORM** TO
THE SOUTH METRO SBDC WHEN YOU REQUEST ASSISTANCE

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