

Maryland State Department of Education  
**Division of Rehabilitation Services**  
**DORS Preliminary Assessment for Self-Employment**

Consumer Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The following factors should be discussed and considered in making an initial determination about whether self-employment is appropriate for an eligible individual.**

What business venture is being considered?

---

---

---

---

---

Describe the consumer's previous business experience.

---

---

---

---

---

Describe the consumer's skills related to the business venture.

---

---

---

---

---

What are the consumer's financial goals?

---

---

---

---

---

What would constitute a successful outcome?

---

---

---

---

---

Has the consumer completed the "VR Self Employment Guide" documents? ☐ Yes ☐ No  
If "no," please explain.

---

---

---

---

**Discuss characteristics needed for successful small business operation in terms of the strengths, resources, concerns, abilities, capabilities and interests of the consumer.**

☐ Well-developed interpersonal skills in order to develop and maintain a customer base, interact with the public, work with employees, suppliers, etc.

---

---

---

☐ Initiative

---

---

---

☐ Flexibility and problem solving skills

---

---

---

☐ Ability to prioritize and focus

---

---

---

☐ Ability to accept risks inherent in self-employment

---

---

---

As appropriate, obtain information from providers current or recent treating the individual in terms of viability of self-employment for the individual considering these characteristics required for success.

---

---

---

Would benefits counseling be help consumer decide about self-employment? ☐ Yes ☐ No

☐ Review the Self-Employment Fact Sheet (RS-6k) with the consumer.

☐ Depending on the responses and information gathered, discuss with supervisor and consider RISE referral.

Comments:

---

---

---

---