

Monthly Feedback



Mentee Name: _____

Business Name: _____

Email: _____

- Is your business operating in accordance with your business plan? Yes No
if no, please give details: _____

- Have there been any changes to your circumstances
e.g change of address? Yes No
if yes, please give details: _____

- Specifically what have you achieved over the past 4 weeks to build and promote the business?

- On average, what have your sales been per week? \$_____

- What do you plan to do over the next 4 weeks to achieve/improve your income?

- Do you have any concerns with your business that you would like to discuss?

- Additional / Feedback – please note if you are happy with your mentoring, training and support to date from ABS:

- I confirm that my insurance is being maintained and is current? Yes No

Mentee signature: _____ Date: _____

*please note this form is available to fill out online at absnetwork.com.au/resources/forms-templates/