# Name: Date:

Month/Year PD was initiated:

Current approved monthly budget $

Current support level (percent of your monthly budget) %

Amount of monthly ISI partial salary (if any) $

Hours per week given to PD since last FTM:

Date of last update to your full PCL (attach copy):

Date next update is planned:

New support committed since last FTM (include details below) $

Prayer effort – self and prayer team:

New contacts developed:

Accountability Partner contact and what you discussed:

Champion contact and what you discussed:

Action Plan\* is current through (indicate date):

*\*If your Action Plan has expired, attach a new one covering the next 2 months.*

# What I Did the Last Two Weeks

Part 1 – Asks:

Whom did you ask? Date Type of appeal Reply Commitment

(F2F-Call-Ltr) (Y/N/U) (Mo/Ann/Spec)

Part 2 – Other PD Activities:

# What I Will Do the Next Two Weeks

Part 1 – ASKs:

Part 2 – Other PD Activities:

# Additional Thoughts

Finally, please give us an honest assessment of how you are feeling about your PD—joys, obstacles, concerns, questions. If you are encouraged, excited, discouraged, overwhelmed, or tired—we want to know and to help you! DO NOT OMIT this important part of your report.