Staff Name: ___________________________  Report for (month/year): __________

1. How would you rate the overall progress on this objective this month?

   Significant  Moderate  Very Limited  None

   Briefly describe overall progress:

2. How are efforts going to engage stakeholders in working on this objective? (Stakeholders include TPC members, members of other groups or individuals that TPP/TPC plans to involve in advocating for this policy.)

   Great  Okay  Not so well  N/A (didn’t make efforts to engage them)

   Briefly describe key successes/challenges with engaging stakeholders this month:

   Briefly describe any other successes/challenges with the work on this objective this month:

3. How would you describe the level of involvement of stakeholders in this objective this month?

   Significant  Moderate  Very Limited  None

4. Which stakeholders were most involved in the work on this objective this month and what were the key advocacy activities they were involved in this month?

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<tr>
<th></th>
<th>Testimony</th>
<th>Letter writing</th>
<th>Small meetings with policy makers</th>
<th>Other</th>
<th>Briefly describe (who, what, why important)</th>
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<tbody>
<tr>
<td>Workgroup members</td>
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<td>Other TPC members</td>
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<td>Other</td>
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</tbody>
</table>
5. Any key issues raised by policymakers or City/County staff this month related to this objective?

Yes, City/County Staff                Yes, Policy makers                No

If yes, please describe (i.e., what issues were raised and by whom):

6. Any indication of policymakers or City/County staff support or lack of support for the policy?

Yes, City/County Staff                Yes, Policy makers                No

If yes, please describe & indicate support or lack of support:

7. Did any policymakers or City/County staff play a role this month in policy development, adoption or implementation?

Yes, City/County Staff                Yes, Policy makers                No

If yes, please describe (i.e., who & role):

8. Did you make any major changes to the original plan/activities this month?  Yes                No

If yes, please describe (i.e., who & role):

9. Other important insights and/or memorable quotes:

10. Do you have any of the following for this month?  (If so, attach)

Meeting observation forms:
Policy documents:
Other (describe: ____________________________ )