

CHECKLIST KEY:

Completed Completed with exceptions Partially Complete Incomplete

- | | | | | | | | |
|---|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "I completed my Daily Bible Reading and Journaling." |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "I completed my prayer time." |
| Weekend | <input type="checkbox"/> | "I attended a primary (weekend) and secondary | | | | | |
| Mid-week | <input type="checkbox"/> | (mid-week) church gathering; arrived on time, sat in the closest available seat to the front row and took notes." | | | | | |
| <input type="checkbox"/> | "I have recited my memory verse(s)." (see pages 29-33) | | | | | | |
| <input type="checkbox"/> | "I listened to the assigned Faithbuilder audio teachings completely and took notes." (see pages 29-33) | | | | | | |
| <input type="checkbox"/> | "I participated in my scheduled church ministry this week." | | | | | | |
| <input type="checkbox"/> | "I have maintained a godly lifestyle." | | | | | | |
| <input type="checkbox"/> | "I have kept myself from distractions and have abstained from going over my two hours for secular media." | | | | | | |
| <input type="checkbox"/> | "I invited at least one new person to church." | | | | | | |
| | Name: _____ | | | | | | |
| <input type="checkbox"/> | "I invited at least one new person to join OSL." | | | | | | |
| | Name: _____ | | | | | | |
| <input type="checkbox"/> | "I shared 'my story' 1 time during this course." (Level 1 only) | | | | | | |
| <input type="checkbox"/> | Turned in Class Evaluation Form. (Level 1 only) | | | | | | |
| "Remember to share 'your story' during this course." | | | | | | | |
| <i>(1 person for Levels 2 & 3, 2 people for Levels 4 & 5)</i> | | | | | | | |

For Group Leader Use:

- On a scale of 1 to 10, how much effort did you put into discipleship this week?
- On a scale of 1 to 10, how was your attitude toward discipleship this week?
- What changes will you make this week to receive everything the Lord has for you in this level?