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| **Student HireAbility Navigator Initial Quarterly Report**  |
| Instructions: Please utilize this template to document progress regarding initiative activities that occurred during the reporting Quarter. Submit reports electronically to the Student Navigator mailbox: studentnavigators@twc.state.tx.us.TWC will review and accept the Quarterly Report within two weeks of submission. Acceptance within two weeks is contingent upon submission of a complete report and TWC may request additional detail or revision prior to final acceptance of the deliverable.            |
| Student HireAbility Navigator Name:  |       |
| Workforce Development Board Name: |       |
| Contact Phone: |       |
| Contact Email: |       |
| Date of Hire: |       |
| Board Staff or Contract Staff: |       |
| Supervisor name: |       |
| Supervisor contact email: |       |
| Reporting Quarter:  |  [ ]  Quarter 1: September 1 – November 30th [ ]  Quarter 2: December 1 – February 28th [ ]  Quarter 3: March 1 – May 31st [ ]  Quarter 4: June 1 – August 31st  |
| Student HireAbility Navigator has reviewed chapter 3 of the Board VR Requirements Manual.[ ]  Yes [ ]  No |
| **Significant Accomplishment and/or Progress During Reporting Quarter:**  |
| Please provide a summary of your qualifications for the Student HireAbility Navigator position:  |
|       |
| Describe the steps that you have taken to build relationships with Vocational Rehabilitation Staff Members: |
|       |
| Describe the initial steps you have taken to begin to meet the requirements for sections 3.5.1.2 – 3.5.1.4 of the Board VR Requirements Manual.  |
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| **TWC-VR Approval Section**  |
| Instructions: This section to be completed by TWC-VR staff.  |
| Date report received:  |       |
| Name of TWC-VR staff who received report:  |       |
| Date additional information was requested from Student HireAbility Navigator:  |       |
| Name of TWC-VR staff requesting additional information:  |       |
| Date additional information was received from Student HireAbility Navigator:  |       |
| Name of TWC-VR staff who received the additional information:  |       |
| Date report approved:  |       |
| Name of TWC-VR staff who approved report: |       |