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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](mailto: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: | | | |
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| 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: | | |  |