

## 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:	<input type="checkbox"/> Quarter 1: September 1 – November 30 <sup>th</sup>
	<input type="checkbox"/> Quarter 2: December 1 – February 28 <sup>th</sup>
	<input type="checkbox"/> Quarter 3: March 1 – May 31 <sup>st</sup>
	<input type="checkbox"/> Quarter 4: June 1 – August 31 <sup>st</sup>

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.

## 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:	