



**TransQUAL Progress Report**

**Team Name:**

**Work Plan Date:**

**Topic and Number:**

**Indicator:**

**Previous 1-5 rating:**

**People completing this form:**

Name	Role

**(Check Appropriate Columns)**

Work Plan Task (list below)	Person(s) Responsible	Due date	No Progress	Partially Complete	Fully Complete

**Additional Tasks or Comments:**

**Measurement and Assessment Process (from Work Plan):**

**Revised 1-5 rating:**

**Provide detailed evidence to support your team's revised rating (e.g., increased numbers of students, new curricular offerings, expanded services):**

**What are your team's next steps or future plans?**

**What further assistance does your team desire?**

**List elements (e.g., policies, practices, partnerships) from your completed Work Plan that your team believes should be sustained, long term:**

**1.)**

**2.)**

**3.)**

**Indicate how your team plans to sustain those elements:**

**Current Date:**