



Cornell University
ILR School
Employment and Disability Institute

TransQUAL Progress Report

Team Name:

Team Member Names and Roles:

Today's Date:

TQI Topic and Number:

Indicator:

Previous Rating:

Check Appropriate Columns

Tasks From Work Plan (list below)	No Progress	Partially Completed	Fully Completed
Additional Tasks or Comments:			

Brainstorm three positive experiences your team had regarding this Work Plan:

1.

2.

3.

Brainstorm three negative experiences your team had regarding this Work Plan:

1.

2.

3.

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?