### TransQUAL Progress Report

**Team Name:**

**Work Plan Date:**

**Topic and Number:**

**Indicator:**

**Previous 1-5 rating:**

**People completing this form:**

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<tr>
<th>Name</th>
<th>Role</th>
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<tr>
<th>Work Plan Task (list below)</th>
<th>Person(s) Responsible</th>
<th>Due date</th>
<th>No Progress</th>
<th>Partially Complete</th>
<th>Fully Complete</th>
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(Check Appropriate Columns)

**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: