TransQUAL Progress Report

Team Name:

Team Member Names and Roles:

Today’s Date:

TQI Topic and Number:

Indicator:

Previous Rating:

<table>
<thead>
<tr>
<th>Tasks From Work Plan (list below)</th>
<th>No Progress</th>
<th>Partially Completed</th>
<th>Fully Completed</th>
</tr>
</thead>
</table>

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?