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| **Student HireAbility Navigator Quarterly Mentorship Report** | | | | | | | | | | |
| Instructions: Please utilize this template to document progress regarding mentorship 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: | | |  | | | | | | | |
| Reporting Quarter: | Quarter 1: September 1 – November 30th  Quarter 2: December 1 – February 28th  Quarter 3: March 1 – May 31st  Quarter 4: June 1 – August 31st | | | | | | | | | |
| **Mentorship Activities:** | | | | | | | | | | |
| Use this section to describe mentorship activities conducted over the reporting quarter. | | | | | | | | | | |
| Mentee Name: | | | | Mentee Board: | | | | | | |
| Instructions: List the mentee’s goals for each of the deliverable areas. Goals should be developed based on the deliverables outlined in the Board VR Requirements Manual, Chapter 3. Record the date(s) in which mentorship for each goal was delivered. After the training is complete, use the scale below to rate the mentee’s competency related to the skills and deliverable requirements listed below. | | | | | | | | | | |
| **Level** | | **Description of Competency Level** | | | | | | | | |
| Marginal | | * Limited or no understanding or knowledge * Requires guidance and mentorship | | | | | | | | |
| Basic | | * Basic understanding or knowledge * Requires some guidance and mentorship | | | | | | | | |
| Proficient | | * Detailed understanding or knowledge * Requires minimum guidance and mentorship | | | | | | | | |
| **Training Goals** | | | | | | **Date Delivered** | **Marginal** | **Basic** | **Proficient** | **N/A** |
| **Capacity Building and Systems Development Goals** | | | | | | | | | | |
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| **Partnership and Collaboration Goals** | | | | | | | | | | |
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| **Inform and Engage Employers Goals** | | | | | | | | | | |
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| **Describe how mentee’s skills have improved over the course of the mentorship period**: | | | | | | | | | | |
| **Describe any additional training needs:** | | | | | | | | | | |
| **Outreach and Engagement Activities:** | | | | | | | | | | |
| **Describe any outreach activities that you participated in during the reporting quarter.** | | | | | | | | | | |
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| **Describe any public engagement activities that you participated in, including but not limited to conferences, webinars, training events, etc.** | | | | | | | | | | |
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| **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: | | | | |  | | | | | |