

CENTERS OF INFLUENCE EVENT RETURN ON INVESTMENT EVALUATION

Report Control Symbol MOP-5

For use of this form, see USMEPCOM Reg 601-4

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INSTRUCTIONS: Complete this form and submit to HQ USMEPCOM, Operations Directorate, ATTN: Testing Dviision, at the end of the school year, not later than 15 July.**FROM: (MEPS)****Location of Event****Date/Time of Event****Answer the following questions about the Centers of Influence (COI) event**

YES NO

Did more juniors/seniors test this school year at schools represented at the COI event:
If yes, provide total number information on page two.

Did any new schools (schools that have never tested or have not tested in the last 2 years) test as a direct or indirect result of the COI event? Provide information on page two. Indicate PUB (public), PRI (private), or PAR (parochial) under TYPE on page two.

Did any traditional "Option 8" schools change option as a direct or indirect result of this COI event? Provide information on page two.

 Describe follow-up action taken to ensure COI objectives were met**Describe action taken by attending district/state education official to support ASVAB-CEP****Give assessment of the success or failure of the COI event****What are likely long-term results?**

Signature (Education Services Specialist)

Date

Signature (Commander)

Date

