

STUDENT TESTING PROGRAM QUARTERLY ACTIVITY REPORT

Report Control Symbol
MOP-7

(For use of this form see USMEPCOM Reg 601-4)

Page 1 of 2

Complete and submit to appropriate Command Sector Liaison (CSL) Education Services Specialist (ESS) no later than fifteenth day of the month following the end of calendar quarter.

FROM: (MEPS)

TO: CSL

Date

If extra space is needed for blocks 1-6, continue on plain bond paper and attach.

- Total number of school visits made: _____ (List on reverse side.)
- Number of visits to state/local educational officials/institutions: State _____ Local _____
(List persons/institutions visited, and state purpose of the visits.)

3. Conferences/conventions attended: (List)

Circle as applicable

_____	*	P	E	PD
_____		P	E	PD
_____		P	E	PD
_____		P	E	PD
_____		P	E	PD

4. Training/Presentations (other than in school or at conferences/conventions):

5. Concerns/problems:

6. Other activities:

* P - Presentation, E - Exhibit, PD - Professional Development

Signature (Education Services Specialist)

Date

Signature (Commander)

Date

