

Legislative Visit Evaluation Form

		Date:Ev	епи:	
Your Na	nme:			
_	Participants:			Legislator and/or Staff
Addition	nal Participants:			
Issues D	viscussed:			
Specific	Requests from the	Office, if any:		
Follow-ı	up Promised by Yo	ou, if any?		
Any Fol	low-up Required fi	rom Texas Impact staff?	/es	_ No
		,		will be 'not exactly, but")
2. V	What did you talk a	about in the meeting? Any	highligh	ts?
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	<u> </u>	t, should Texas Impact tr would that engagement b		age the person you met with in any
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4. <i>A</i>	Any additional com	nment?		
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