Legislative Visit Evaluation Form

Date: ________ Event: ________

Your Name: ___________________________________________________________________

Legislative Office Visited: _______________________________________________________

Meeting Participants: Advocates Legislator and/or Staff

____________________________                  __________________________

____________________________                  ____________________

____________________________                  ____________________

Additional Participants: __________________________________________________________________

Issues Discussed: _______________________________________________________________

Specific Requests from the Office, if any: ___________________________________________

Follow-up Promised by You, if any? ________________________________________________

Any Follow-up Required from Texas Impact staff? Yes _____ No _____

1. Did you get what you came for? (Usually the answer will be ‘not exactly, but…”)
   Yes _____ No _____ Not sure, and here’s why: _______________________________

2. What did you talk about in the meeting? Any highlights? __________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

3. Based on your visit, should Texas Impact try to engage the person you met with in any way, and if so what would that engagement be? _______________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

4. Any additional comment? __________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________