Texas Interfaith Center TEXAS IMPACT for Public Policy

Congressional Visit Evaluation Form

| | | Date: | Event: | <u> </u> |
|--------|---|------------------------|--------|-----------------------------|
| Your l | Name: | | | |
| Congr | essional Office Visi | ted: | | |
| Meetii | ng Participants: | Advocates | | Legislator and/or Staff |
| | | | | |
| Additi | onal Participants: _ | | | |
| Issues | Discussed: | | | |
| Specif | ic Requests from th | e Office, if any: | | |
| Follov | v-up Promised by Y | ou, if any? | | |
| | | from Texas Impact stat | | |
| 1. | | | | will be 'not exactly, but") |
| 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 con | mment? | | |
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