

FACTE

Legislative Visits, March 10, 2009 Feedback Form

Please return this form to a member of the FACTE Executive Committee before you leave.

Member of Legislature: _____

1. Did the Representative/Senator participate in the meeting?

Yes No

2. Names/Titles of Legislative Staff that participated in the meeting: _____

3. Will the Representative/Senator support FACTE issues and priorities? Provide examples.

Yes No

4. What, if any, additional follow-up is necessary? Please be specific. If additional information was requested, how can the FACTE Executive Committee assist you?

Comments:

5. Do you feel that this Representative/Senator is a potential champion of FACTE issues and priorities and could be called upon for assistance?

Yes No

Comments:

6. Was the material provided to you by FACTE to prepare for this meeting helpful? How might it be improved?

Yes No

Comments:

Your name and institution _____