Legislative Meeting Evaluation Form

Please scan your completed evaluation form and email to kathleen@taadas.org or
Fax to Kathleen Kennedy at TAADAS at 615-780-5905

1= Poor 2=Not Satisfactory 3=Neutral 4=Satisfactory 5=Excellent

Legislator's Interest in Discussed Policy	1	2	3	4	5
Legislator's Understanding of Discussed Policy	1	2	3	4	5
Quality of Discussion	1	2	3	4	5
Appropriate Time Spent in Office	1	2	3	4	5
Importance of Legislative Meeting to You	1	2	3	4	5
Organization of Legislative Visits	1	2	3	4	5
Materials and Information Provided on Policy and Goals	1	2	3	4	5
Overall Rating	1	2	3	4	5
Legislator(s) Visited					

Please circle the correct answer and explain your answer, if no.

Did the meeting meet your expectations? YES NO

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Does TAADAS need to follow-up with legislator(s)? YES NO
If yes, please name the legislator(s) and issue(s) to be addressed.

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Comments and Suggestions:

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