

**INA Legislative Day
Legislator Feedback Form**

Please fill out information for each legislator you met with and return to INA staff with Program Evaluation.

Your name _____ Nursing School _____

Legislator's name _____ District # ____ Senator ____ Representative ____

Issue(s) Discussed: _____

Legislator's Nursing Advocacy Rating (please circle and comment):

Solid Advocate ***Supports*** ***Approachable*** ***Opposes***

General Tone of Meeting and Communication:

Was the legislator friendly to health issues? _____

.....
Legislator's name _____ District # ____ Senator ____ Representative ____

Issue(s) Discussed: _____

Legislator's Nursing Advocacy Rating (please circle):

Solid Advocate ***Supports*** ***Approachable*** ***Opposes***

General Tone of Meeting and Communication:

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OTHER COMMENTS Relevant to Public Policy Issues: