

LEGISLATIVE MEETING REPORT BACK FORM

California School Health Centers Association

DATE OF VISIT:

Name(s) of _____
person making _____
visit: _____

VISIT INFORMATION

Name of person you
met with: _____

Title: _____

Phone: _____

Email: _____

Office of: Senator
 Assemblymember
 Congress member

Name: _____

PRIMARY PURPOSE OF VISIT:

Knowledge of school health ctrs:	Zero	Passing knowledge	Familiar	Very Knowledgeable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interest:	Unsupportive	Neutral	Supporter	Champion
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Quotes from the Legislator:

Questions we need to follow up on:

How well prepared did you feel for your visit?	Very well	Well	Not that well	Not well at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could we prepare you better next time?