

**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:

Was the legislator friendly to health issues? \_\_\_\_\_

.....

OTHER COMMENTS Relevant to Public Policy Issues: