

LEGISLATIVE MEETING EVALUATION

Please complete a separate form for each of your legislative visits.

Legislator Name: _____

Time of visit: _____

Was the Member present? Yes No

Did you meet with legislative staff? Yes No

If yes, please provide their name(s) and title(s):

Did the lawmaker and/or their staff have any questions or comments about Medicaid Cessation (HB506)?

Did the lawmaker and/or their staff have any questions or comments about funding for the Coverdell Stroke Registry?

Did the lawmaker and/or their staff have any questions or comments about the Cardiac Screening bill (HB970)?

How would you rate this meeting overall?

Excellent

Good

Fair

Poor

Your Name: _____

Other attendees who were present (Continue on back if necessary):

Please return this form to: Laura.Bracci@heart.org or (404) 512-0762