# LEGISLATIVE MEETING EVALUATION

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

Lawmaker Name:_____

Was the Lawmaker present? Yes No

Did you meet with legislative staff? Yes No

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

_____

_____

Was the lawmaker supportive of the Smart Heart Act?

Yes No Maybe

Explain:

Was the lawmaker supportive of requiring T-CPR training?

Yes No Maybe

Explain:

Please complete both sides of the form.

Did the lawmaker or staff make a specific request and/or is any follow-up needed?

Yes No

Explain:

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How would you rate this meeting overall?

Excellent Good Fair Poor

Explain:

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Your Name:_____

Other attendees who were present:

_____

_____

_____

*Please return this form to:*

*Emma Kate Burns at emmakate.burns@heart.org*