



Decision-Maker Meeting Feedback Form

Date of meeting: _____

Name of decision-maker: _____

Position/Title: _____

Reason this person is critical to your campaign:

Campaign priority being discussed and focus of community mobilization effort:

Name(s) of staff present: _____

Names of advocates attending meeting and relationship to decision-maker:

Was the decision-maker supportive of your position?

Yes ____ No ____ Undecided ____

Comments:

Does decision-maker have a personal relationship to your issue?

Yes ____ No ____

Please specify:

Would the decision-maker like more information on the issue?

Yes ____ No ____

Please specify:

Specifically, what is decision-maker's favorite source for news? (TV, newspapers, radio, blogs, etc.)

Following the conclusion of the meeting, has a thank-you note been sent?

Yes ____ No ____

Please send a copy or picture of your form to: