



Appointment Outcomes Sheet



Name: _____

Please circle one: STAFF BOARD MEMBER VOLUNTEER OTHER (specify): _____

Program Name: _____

Legislator: _____

Highlights/Questions/Concerns from your meeting:

Legislator: _____

Highlights/Questions/Concerns from your meeting:

Legislator: _____

Highlights/Questions/Concerns from your meeting:

Legislator: _____

Highlights/Questions/Concerns from your meeting:
