

Legislator Feedback Form

Legislator's Name: Senator Representative _____

Visitor's Name: _____

Names of others at the visit: _____

Date of Visit: _____

Will the legislator co-sponsor the bill? Yes No

What is the legislator's level of support of the bill?

Very Supportive

Very Opposed

5

4

3

2

1

If the legislator said he or she would support the bill, what did he or she say?

What are the legislator's objections to the bill?

What follow up is required by the IPA?

Return this form to:
Illinois Psychological Association
203 N. Wabash Avenue Suite 1404
Chicago, Illinois 60601
Fax: 312-372-6787

Or download the form to your desktop and email to rxp2009@aol.com