

Legislative Visit Report Form

Tennessee Dietetic Association's Hill Day

March 14, 2012

After you meet with your legislator please complete this form and return to the Registration Table. Only one form is needed per visit!

Legislator's Name: _____

Attendees (RDs and DIs):

Please check the topics you discussed.

- Coordinated School Health Funding
- Becoming a Let's Move City, Town or County
- Other: Please explain. _____

Indicate if the legislator shared his/her position on each of the topics discussed. If the legislator did share their position, please indicate if it was supportive of the topic or not supportive.

Coordinated School Health Funding

No Yes (If yes, Supportive or Not Supportive)

Becoming a Let's Move City, Town or County

No Yes (If yes, Supportive or Not Supportive)

Other (noted above)

No Yes (If yes, Supportive or Not Supportive)