NATIONAL ASSOCIATION OF SOCIAL WORKERS
LEGISLATIVE OFFICE VISIT
FOLLOW-UP REPORT FORM

Your Name: _____ Date: _____

Other Participants: _____

NASW Chapter: _____

Name of Member of Congress: _____

Name of person(s) met with (legislator or staff): _____

Principal staff member on the issue: _____

(Please check response or fill in the blank)

1. With whom did you meet? ☐ Member of Congress ☐ Staff

2. Was the congressional member/staff aware of NASW? ☐ Yes ☐ No

3. What issues did you discuss? _____

4. What is the position of the member of Congress on each issue?

Issue 1 _____
_____*Supports NASW's position*
_____*Leaning toward NASW's position*
_____*Position unknown/undecided*
_____*Leaning against NASW's position*
_____*Against NASW's position*

Issue 2 _____
____ *Supports NASW's position*
____ *Leaning toward NASW's s position*
____ *Position unknown/undecided*
____ *Leaning against NASW's position*
____ *Against NASW's position*

5. What are your legislator's main concerns on this issue? _____

_____

6. What does your legislator hear from constituents on this issue? _____

_____

7. Follow-up needed from NASW staff:

_____*Call from lobbyist/steering committee members*
_____*Generate phone calls/letters from social work constituents*
_____*Additional materials*
_____*Other*

8. Please rate the usefulness of this experience (please circle response):

Not at All Useful	Somewhat Useful	Useful	Very Useful	Extremely Useful
1	2	3	4	5

9. Comments for NASW Staff:

Please return this form and additional information you would like to share with NASW regarding your Legislative Office visit to:

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Keep up to date on these issues at: www.socialworkers.org/advocacy.