Policy Maker/Stakeholder Contact Sheet

Name: _________________________________________________________________

Organization: ___________________________________________________________________

Meeting Date: ____/____/________

Contact (check those that apply):

☐ Governor
☐ Executive Branch Staff  Name: ___________________________ Position: __________
☐ Legislator  Name: ___________________________ Chamber: __________
☐ Legislative Staff  Name: ___________________________ Position: __________
☐ State Superintendent
☐ ODE Staff  Name: ___________________________ Position: __________
☐ Other Education Stakeholder  Name: ___________________________ Position: __________

Issue(s) Discussed:
________________________________________________________

Position:
☐ Against
☐ Leaning to Support
☐ Leaning Against
☐ Support
☐ Neutral

Issue(s) Discussed:
________________________________________________________

Position:
☐ Against
☐ Leaning to Support
☐ Leaning Against
☐ Support
☐ Neutral

Overall Understanding of ESCs (circle one):

1 2 3 4 5 6 7 8 9 10
(1= low, 10= high)

Follow Up/Next Steps: __________________________________________________________

Notes:
________________________________________________________

________________________________________________________

________________________________________________________

Please submit completed forms to OESCA at: membersupport@oesca.org or fax to (614) 846-4081