



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 Against Neutral
- Leaning to Support Support

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Position:

- Against Leaning Against Neutral
- Leaning to Support Support

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