

VOTER SERVICE SURVEY ON BOE VISIT

Name of LWV _____

Contact person _____ Title _____

1) Did your LWV have meeting with your County BOE this year? **Y or N**

a) If yes, did you find out if they have action plan in their Annual report that was done in Dec. 2016? **Y N**

b) Can you get a copy of their action plan? **Y N Don't know**

a) Do they do outreach to high schools? **Y N Don't know**

b) Do they send copies of ballots to schools? **Y N Don't Know**

c) Does your league have a good relationship with BOE? **Y N**

2) If you have not yet had meeting, are you planning one? **Y N**

a) If yes, please ask about annual report, action plan, and outreach to schools and let us know after your meeting.

b) If no, why?

3) Other comments from your meeting

PLEASE RETURN TO LWVNYS
62 Grand Street, Albany NY 12207
Fax: 518-465-0812 / email: Katrina@lwwny.org