



Date: \_\_\_\_\_

Location: \_\_\_\_\_

Presenter: \_\_\_\_\_

# *Michigan CSI*

## *Building Coordinator Feedback*

*Thank you for your involvement in coordinating the Michigan CSI presentations at your school.  
We value your input and hope you will take time to provide feedback.*

1. How many presentations did you coordinate?
2. How many physical locations were you involved with?
3. Is there any topic that you had hoped would be covered in the presentations, but was not?
4. Was the presenter well-prepared, appropriately-dressed, and organized upon arrival?
5. Did the presenter relate well to all age groups? If no, what areas could s/he improve upon?
6. Overall, please rate the **presenter** on a scale from 1 to 5. 1 2 3 4 5  
(1 = poor, 2 = needs improvement, 3 = average, 4 = good, 5 = exceptional)
7. Were the Attorney General documents user-friendly and self-explanatory? Did you have any problems obtaining and reproducing the student and teacher handouts?
8. What was the most challenging aspect of implementing this program?

Name and contact information: \_\_\_\_\_

*Please give this form to the District Coordinator or mail directly to the following address:*



Michigan Attorney General  
Michigan CSI  
Consumer Protection Division  
P.O. Box 30213  
Lansing, MI 48909



You are welcome to email any additional questions or feedback to: **AGCSI@michigan.gov**.

[www.michigan.gov/ag](http://www.michigan.gov/ag)  
1-877-765-8388