



Date: _____

Location: _____

Presenter: _____

Michigan CSI

District Coordinator Feedback

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

1. How many presentations did you coordinate?
2. How many different buildings in your district hosted presentations?
3. Were the Attorney General's documents and spreadsheets user-friendly and self-explanatory?
4. How can we improve the coordination efforts?
5. Were the online forms easy to download, edit, and reproduce?
6. Did the Michigan CSI Coordination Team communicate effectively and provide necessary assistance with any questions or scheduling needs?
7. What was the most challenging aspect of implementing this program in your district?
8. Do you feel this program had a positive impact on your schools?
9. Which age groups do you think most benefited from the presentations? Are there any age groups you feel are outside the scope of the material?

Name and contact information: _____

*Please return this form and all Building Coordinator Feedback forms to the
Attorney General at 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
1-877-765-8388