



## 6-8 Feedback Form

Presentation Date:  
School District Name:  
Building Name:  
Name of Presenter:

### Presentation Questions:

1. What did you like best about the presenter and the presentation?
2. Were the content and length age appropriate for your students?
3. Were the videos useful and appropriate?
  - a. *Words are Powerful (Mean and kind messages read aloud)*
  - b. *What is OK2SAY? Student PSA*
  - c. *Bullying is a Factor in Some Deaths by Suicide*
  - d. *Predators Lure Teens*
  - e. *Out of Your Hands (Sexting video)*
  - f. *Pass it On (Acts of Kindness)*
  - g. *OK2SAY Student Ambassador*
4. Are there any additional, specific topics or issues you would like to see us address in the future?

If you would like to provide additional feedback, please [email us](mailto:agcp@mi.gov) (agcp@mi.gov).

Name and contact information (optional):

*Please return the completed form to the presenter at the end of the presentation.*