



Stop the Silence. Help End the Violence.



9-12 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. *Perspectacles (Magic glasses)*

 - b. *Danger is Right Around the Corner (Student sensing a threat)*

 - c. *Bullying is a Factor in Some Deaths by Suicide*

 - d. *Out of Your Hands (Sexting video)*

 - e. *Take the Challenge: Backpack*

 - f. *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.