



Stop the Silence. Help End the Violence.



Program Overview 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?
 - a. *Do You Really Know Who You Are Talking To? (Girl chatting online with stranger)*
 - b. *Talent Show: If You Wouldn't Say it in Person, Why Say it Online?*
 - c. *Words are Powerful (Mean and kind messages read aloud)*
 - d. *Out of Your Hands (Sexting video)*
 - e. *Bullying is a Factor in Some Deaths by Suicide*

2. Were the content and length age appropriate for your students?

3. Were the videos useful and appropriate?
 - a. *Do You Really Know Who You Are Talking To? (Girl chatting online with stranger)*
 - b. *Talent Show: If You Wouldn't Say it in Person, Why Say it Online?*
 - c. *Words are Powerful (Mean and kind messages read aloud)*
 - d. *Out of Your Hands (Sexting video)*
 - e. *Bullying is a Factor in Some Deaths by Suicide*

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.