



Stop the Silence. Help End the Violence.



## 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. How can we improve?
  
3. Were the content and length age appropriate for your students?
  
4. Were the videos useful and appropriate?
  - a. *Words are Powerful*
  
  - 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*
  
  - f. *Never Ever*

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.*