



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?
2. How can we improve?
3. Were the content and length age appropriate for your students?
4. Were the videos useful and appropriate?
 - a. *Talent Show: If You Wouldn't Say it in Person, Why Say it Online?*
 - b. *Words are Powerful*
 - c. *Out of Your Hands*
 - d. *Bullying is a Factor in Some Deaths by Suicide*

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.