OK 2 SAY
Stop the Silence. Help End the Violence.

MICHIGAN CSI Cyber Safety Initiative

Community Seminar Feedback Form

Date : Grade Level:

District:

Building:

Presenter:

Please complete and return to Attorney General staff at the end of the presentation.

1. What did you like best about the presentation?

2. How can we improve the presentation?

3. Was the presentation an appropriate length?
   - ☐ Yes
   - ☐ No If no, what is an appropriate length?

4. Were the handouts helpful?
   - ☐ Yes
   - ☐ No If no, what should be changed?

5. Was the presenter well prepared and motivating?
   - ☐ Yes Comments:
   - ☐ No

6. Please rate your presenter. (1 = lowest; 5 = highest)

   1 2 3 4 5

Please provide any other feedback or comments relating to the content of the program.

Name and Contact Information (optional):

If you would like to provide additional feedback, please email us at: agcp@mi.gov