

SCREENING AUDIENCE EVALUATION

Thank you for helping us to celebrate short films that inspire people to speak out and take action for social change. Your feedback is essential to us. Please take a minute to fill out this form. Feel free to add additional comments on the back.

Date and location of screening: _____

**How have these films impacted you?
 (check all that apply)**

- I will discuss the films with friends and family.
- I will vote differently.
- I will think and/or behave differently.
- I will become more active about these issues.
- I will donate to one or more causes.

Please rate the following aspects of the program:

a. Overall Quality	Excellent	Good	Average	Fair	Poor
b. Quality of Films	Excellent	Good	Average	Fair	Poor
c. Quality of Discussion	Excellent	Good	Average	Fair	Poor
d. Opportunity for Discussion	Excellent	Good	Average	Fair	Poor
e. Fulfillment of Expectations	Excellent	Good	Average	Fair	Poor

Please write a few sentences that describe your experience at this event:

How effective was this program at providing tools to make a difference?

Extremely effective Very effective Effective Somewhat effective Not effective at all

How important is it to you that this festival returns next year?

Vital Very important Important Some what important Not important at all

How did you hear about this event?

MediaRights newsletter Festival website Conference Colleague Other (please specify) _____

Become a member of MediaRights and receive news about next year's festival:

*Name _____ Organization _____

*Email _____ Address _____

*Required _____ *Profession _____