**Video Screening Facilitator Feedback Form**

Names of Facilitator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Video(s) screened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of people who attended: \_\_\_\_\_\_\_\_\_

1. What was the goal of the screening?

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2. Did you achieve your goal? Please explain.

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3. Describe how the participants generally reacted to the film.

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4. Do you think the film(s) changed participants’ opinions or perspectives? YES / NO

 If YES, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What arguments, characters, or scenes did the participants react most strongly to and why?

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6. What surprises or challenges did you experience at this event?

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7. What are the outcomes and next steps after the film screening?

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