# **Peer feedback**

Name of Director:

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| **What worked well?** **Consider:** FramingSelection & variety of shotsCamera movementsPace of the editUse of textVoice over |  |
| **What could have been better?****Consider:** FramingSelection & variety of shotsCamera movementsPace of the editUse of textVoice over |  |
| **Additional Comments** |  |