# **Peer feedback**

Name of Director:

|  |  |
| --- | --- |
| **What worked well?**  **Consider:**  Duration  Pace of edit  Style of edit  Cuts/Transitions  Selection of shots  Sound effects  Music selection  Graphics/Text  Tone of video  Clarity of intended message Target audience appeal Audience response  Additional comments |  |
| **What could have been better?**  **Consider:**  Duration  Pace of edit  Style of edit  Cuts/Transitions  Selection of shots  Sound effects  Music selection  Graphics/Text  Tone of video  Clarity of intended message Target audience appeal  Audience response  Additional comments |  |