# **Peer feedback**

Name of Director:

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| **What worked well?** **Consider:** DurationPace of editStyle of editCuts/TransitionsSelection of shotsSound effectsMusic selectionGraphics/TextTone of videoClarity of intended messageTarget audience appealAudience responseAdditional comments |  |
| **What could have been better?****Consider:** DurationPace of editStyle of editCuts/TransitionsSelection of shotsSound effectsMusic selectionGraphics/TextTone of videoClarity of intended messageTarget audience appealAudience responseAdditional comments |  |