

Feedback Form

Name: _____ Date: _____

Name of Operator _____ Interviewee _____

DIRECTIONS: Use this form to provide informative feedback to your fellow students on their video and audio skills. Be honest, but polite in your feedback.

	Quality	Low			High	
Sound						
1. Was the sound clear?		1	2	3	4	5
2. Could you hear every word that was spoken?		1	2	3	4	5
3. Did the sound ever fade in and out?		1	2	3	4	5
4. Was there any distracting background noise?		1	2	3	4	5
Video						
1. Was the camera steady?		1	2	3	4	5
2. Was the interviewee in focus?		1	2	3	4	5
3. Was the background distracting?		1	2	3	4	5
4. Did the lighting allow you to clearly see the interviewee's face?		1	2	3	4	5
Environment						
1. Was the environment distracting?		1	2	3	4	5
2. Was there too much background noise?		1	2	3	4	5
3. Was there too much background movement?		1	2	3	4	5
4. Was the backdrop interesting and inviting?		1	2	3	4	5