

## **Motion Picture/Television**

## **SCHOOL OF FILMMAKING**

## **CAST MEMBER PRODUCTION EVALUATION**

Actor's Name:	
Production Title:	
Producer:	Director:
Shoot Date(s):	
Ongoing evaluation of our productions by cast members is an integral component of our efforts to ensure the highest quality training, and to aid in the development of the curriculum as well as related programs. Please take the time to give us your comments. Once completed, these forms should be turned in to the School of Filmmaking Head of Production on the First Floor of the School of Filmmaking Administration Building.	
All comments made on this form will be strictly confidential. We ask that you include your name so that we may follow-up on any comments made here, if necessary. Your name will not be given to any School of Filmmaking student in reference to comments made on this form.	
Thank you for your cooperation.	
DO NOT GIVE THESE EVALUATION FORMS TO ANY SCHOOL OF FILMMAKING STUDENT CREW MEMBER.	
How would you evaluate the Director's preparation and ability to give direction on this production?	
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Would you work with this Director again, and why or why not?	
YES NO	

## CAST MEMBER PRODUCTION EVALUATION – page 2

How would you evaluate the Producer's performance on this production? How efficiently did the Producer
communicate with you and the other actors? Did he/she provide timely and accurate schedules and other production information?
production information:
Would you work with this Producer again, and why or why not?
YES NO
Would you work on future COD School of Filmmaking productions, and why or why not?
TYES NO
Would you recommend working on future COD School of Filmmaking productions to other actors, and why or
why not?
YES NO