



COALITION FOR QUALITY CHILDREN'S MEDIA

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KIDS FIRST! Junior Film Critics Evaluation Form

If you need more space, please write your comments on the back of this form or on a separate sheet of paper. (4/14/04)

TITLE (entire film or video title): _____ Your Name: _____

Your age: _____ Gender: boy _____; girl _____ Your ethnic background (optional): _____

APPEAL

1. How well did you like this video? Why? _____

2. How likely is it that you would watch it again, if convenient? _____

3. How much would your friends like this video? Explain. _____

What rating would you give its appeal on a 0-5 scale? N/A 0 1 2 3 4 5

CONTENT

4. What happened in the story? Did you understand it? Describe what is it about in 25 words or less? _____

5. Who were the main characters? Did you relate to them? Do they remind you of someone you know or someone you've read about? _____

6. How many different ethnic groups did you see? Were there any stereotypes or bias? _____

7. How did the characters treat one another? Explain. Did you see any acts of violence, unsafe behavior, or put-downs? Describe. _____

What rating would you give the content on a 0-5 scale?..... N/A 0 1 2 3 4 5

PRODUCTION QUALITY

8. Did the pictures or photography add or detract? Explain. _____

9. Did the music and sound effects add or detract? Explain. _____

10. Did the costumes, sets, or location add or detract? Explain. _____

11. Did the special effects add or detract? Explain. _____

What rating would you give the production quality on a 0-5 scale? N/A 0 1 2 3 4 5

BENEFITS

12. The movie get you to think about something new? Like what? _____

13. Did it help you understand yourself or others better? Explain. _____

14. Did the movie get you to sing or play along? Explain. _____

15. Did this movie encourage you to figure something out? Explain. _____

What rating would you give the benefits on a 0-5 scale?..... N/A 0 1 2 3 4 5

What was your favorite part? _____

FINAL RATING: MARK ONLY ONE BOX BELOW: NO, QUALIFIED YES, YES, OR ALL-STAR

TOTAL POINTS _____

<input type="checkbox"/> no star	<input type="checkbox"/> ★	<input type="checkbox"/> ★★	<input type="checkbox"/> ★★★	Tell us why: _____ _____
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