

parent’s feedback FOR YOUNG filmmakers saturday club

Your child’s name....................................................................

**1. Term (Start month / Year) .............................................................................**

**2. What are your impressions of Film Club? (Please tick)**

1. **Excellent**
2. **Very Good**
3. **Good**
4. **Average**
5. **Poor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. How far do you agree with the following statements about your child attending film club? Please tick a box. | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| They look forward to film club |  |  |  |  |  |
| They have made new friends |  |  |  |  |  |
| They have learned a lot about filmmaking |  |  |  |  |  |
| They have acquired other skills (team working/ scriptwriting etc.) |  |  |  |  |  |
| My expectations of film club have been fulfilled |  |  |  |  |  |
| Do you feel film club tutors deliver the  learning in an accessible and enjoyable way? |  |  |  |  |  |

4. What do you feel would improve film club?

5. Do you have any other suggestions or comments?

Name:

Email address:

Thank you for your time in completing this form as it helps to continue to improve BFI Film Clubs for children.

Please return to: Joanna van der Meer, Education Programmer:

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Thank You.