

FIM: _____ Section: _____
 Term: _____ Year: _____
 Name: _____

Student Evaluation Form

Director, Producer, DP, 1st
 AD, Art Director, Evaluate
 Crew Performance
 (including yourself)

Individual Project

Position	Name	Performance Evaluation	Rating: 1 thru 5 1=low 5=high
Director			
Producer			
DP/Camera Operator			
1 st AD			
2 nd AD			
1 st AC			
Sound Mixer			
Boom Op.			
Art Director			

