



# Broken Places

Outreach Screening Questionnaire

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BROKEN PLACES Outreach Screening Questionnaire

**Screening Date:** \_\_\_\_\_

**Organized By:** \_\_\_\_\_

**Screening Location:** \_\_\_\_\_

**Screening Address:** \_\_\_\_\_

\_\_\_\_\_

**Number of Attendees:** \_\_\_\_\_

**Description of Attendees** (staff members, professionals, educators, etc.):

\_\_\_\_\_

\_\_\_\_\_

**Panelists** (if applicable) - **Name, Title, Organization:**

\_\_\_\_\_

\_\_\_\_\_

**Objective of the Screening:**

\_\_\_\_\_

\_\_\_\_\_

**Did the Screening Achieve the Objective?** \_\_\_\_\_

\_\_\_\_\_

**Responses to the Film:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return Screening form and E-mail list by e-mail, fax, or mail to:**

**Public Policy Productions**

**PO Box 650**

**Palisades, NY 10964**

**Ph: 845-398-2119**

**E-mail: [pppinfo@pppdocs.com](mailto:pppinfo@pppdocs.com)**

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