

TEEN INTERN DVD EVALUATION FORM

Please be sure to complete both sides of the evaluation form.



Name of Video/DVD _____ Number _____

Initials of Reviewer _____ Library Initials _____ Date Reviewed _____

For what age group(s) is this video appropriate?

- 5th grade and younger Grades 6 – 8 Grades 9 – 12 College/Adult

For each statement, circle the number you feel the DVD deserves:

1 = Poor and 5 = Excellent.

- | | | | | | |
|---|---|---|---|---|---|
| 1. The technical quality of the film is good. | 1 | 2 | 3 | 4 | 5 |
| 2. The presentation is original and creative. | 1 | 2 | 3 | 4 | 5 |
| 3. The video shows a realistic situation. | 1 | 2 | 3 | 4 | 5 |
| 4. The information seems current. | 1 | 2 | 3 | 4 | 5 |
| 5. People from all cultural backgrounds can relate to this video. | 1 | 2 | 3 | 4 | 5 |
| 6. The video holds my attention and is not too long. | 1 | 2 | 3 | 4 | 5 |
| 7. The video provides useful information. | 1 | 2 | 3 | 4 | 5 |
| 8. The information is meaningful to people my age. | 1 | 2 | 3 | 4 | 5 |
| 9. The video presents a clear and strong message. | 1 | 2 | 3 | 4 | 5 |
| 10. Suggestions are given for productive activities that relate to the content. | 1 | 2 | 3 | 4 | 5 |
| 11. This video encourages healthy behaviors among teens. | 1 | 2 | 3 | 4 | 5 |

COMMENTS

12. Would you recommend the library purchase this DVD for the Health Information Project collection? (Please check your answer and explain):

Highly recommend because.....

OK, but not top priority because.....

Definitely not worth it because.....

(For Teen Intern Program Library Administrator)-----

At the end of *each* week, please return evaluation forms to
MHLS, Attn: Health Information Project Assistant

(For Health Information Project Office ONLY)-----

Date entered_____ Library Code: BEA ESP GAR GRN KHK