

DREAM ON
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
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