**OCR LEVEL 2 CERTIFICATE/DIPLOMA FOR iMEDIA USERS**

**UNIT 5 DIGITAL SOUND**

**REVIEW FORM**

**Candidate Name:**

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| --- |
| **Date of review of the work against the original brief:** |

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| **How does the finished work meet the original client brief?**   1. **Do your 6 sounds meet the brief?**  * **Voiceover** * **Background** * **Scene 1** * **Scene 2** * **Scene 1 Effect** * **Scene 2 Effect**  1. **How did you get feedback from your client? What did they say?** 2. **What is your response to your clients’ feedback?**   **What constraints have you dealt with in this project?**  **What would you do if you had more time?**  **What would you do differently if you started again?** |