**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?** |