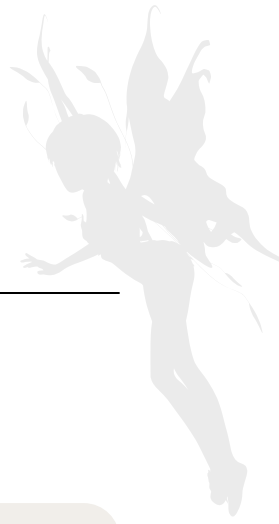




Story Survey Feedback



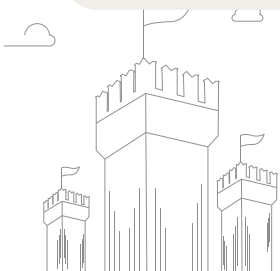
Your Name:

Date:

What did your audience like best?

What did you audience want more of?

What did your audience want less of?



Did your audience make any points that you would like to look at in more detail?

