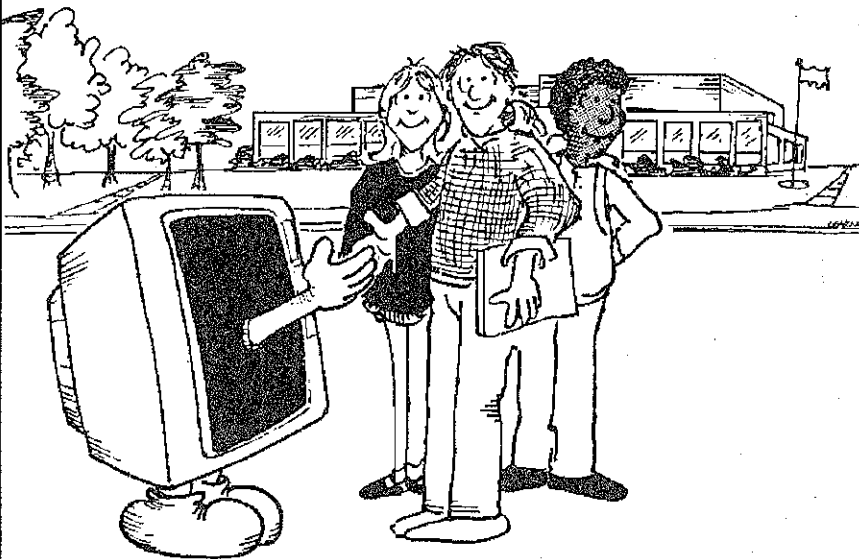


# Creating Critical Viewers

A Partnership Between Schools and Television Professionals



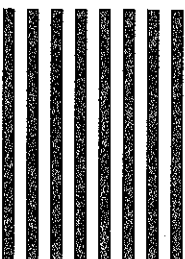
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Prepared under the auspices of  
Pacific Mountain Network  
Denver, Colorado

Funding provided by  
The National Academy  
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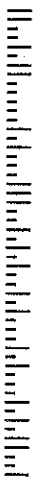
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## Response Card

Your feedback can help us make future projects more useful. Please take a moment to fill out this response card and return it to us. We have paid the postage. The reply address should be visible on the outside; do not staple or clip.

1. Please check the chapters of Creating Critical Viewers used in your school. Please place an asterisk by those considered most useful.

- One: WHAT YOU WATCH AND WHY
- Two: WHO CREATES THESE PROGRAMS? WHAT ARE THESE PROGRAMS?
- Three: THE AESTHETICS OF TV — ILLUSION AND REALITY
- Four: COMMERCIALS
- Five: NEWS, INFORMATION AND COMMENTARY
- Six: STEREOTYPES
- Seven: ACTION, AGGRESSION, AND VIOLENCE
- Eight: ETHICS AND MORALITY
- Nine: HEALTH ISSUES AND SAFETY
- Ten: ENVIRONMENTAL ISSUES AND TELEVISION
- Appendix: THE TECHNICAL SIDE OF TV

2. How often is the Creating Critical Viewers video tape used?

- Frequently     Occasionally     Seldom

3. How do you use the Creating Critical Viewers book and video tape?

- As part of the school curriculum  
 As a supplement or extension of the curriculum  
 As a resource for parents and students to use

4. If you use as part of or supplement to the curriculum, in which class(es) is it used?

\_\_\_\_\_

5. If you do not use the Creating Critical Viewers book or video tape, why not?

\_\_\_\_\_  
\_\_\_\_\_

6. Have you had, or do you plan to have television professionals involved in teaching Critical Viewers?

- Yes     No

7. Location of the NATAS Chapter you worked with, if any: \_\_\_\_\_

8. The teacher reaction to the Creating Critical Viewers materials is:

- Positive     Neutral     Dissenting

9. The student reaction to the Creating Critical Viewers information is:

- Positive     Neutral     Dissenting

10. On what date did you receive the Creating Critical Viewers materials? \_\_\_\_\_

Name (Optional) \_\_\_\_\_ Position \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANKS FOR YOUR HELP!