

# Children's Animated Movie Feedback Form

Child's Name

Parent/Guardian Email

Movie Title

Child's Age

How much did your child enjoy the movie?

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

Favorite Character

Favorite Part of the Movie

What could be improved?

Would you recommend this movie to other children?