

SHARE QUESTIONNAIRE

Name: _____.

Topic Shared: _____.

Date: _____.

Please circle your preferences below:

- | | | |
|---|-----|----|
| 1. Do you want your face to be identifiable in the video? | Yes | No |
| 2. Do you want your child's face to be identifiable in the video? | Yes | No |

3. If you wish to cover your face, what would you like to use? (You may cover your face or your child's face with your preferred method during your own video edit prior to submitting). If you wish for us to do it, we will use basic emojis.

Please acknowledge the above preferences below. Please remember to include this questionnaire with your video submission.

Signature

Printed Name